SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, January 11, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: MEET AND GREET CHIEF KENTON W. RAINEY, BART POLICE DEPARTMENT

For discussion.

3.1 Presentation: Meet and Greet Chief Kenton W. Rainey, Bart Police Department

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 a. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of November 9, 2011 be approved as submitted.

4.2 b. PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board Retreat of December 3, 2011 be approved as submitted.

4.2 c. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Family Mosaic Project for its work with children, youth and their families.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

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2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center

station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

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Chris Rustom
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1 Dr. Carlton B. Goodlett Place
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SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MENTAL HEALTH BOARD
January 11 2012

RESOLUTION (MHB- 2012-01): THAT THE MENTAL HEALTH BOARD COMMENDS THE FAMILY MOSAIC PROJECT FOR THEIR EXCEPTIONAL WORK WITH VULNERABLE CHILDREN, YOUTH AND FAMILIES.

WHEREAS, Family Mosaic Project has Care Managers, Marriage & Family Therapists, Psychiatric Social Workers, Psychiatrists, and Public Health Nurses; and,

WHEREAS, their offices are in Bayview-Hunter's Point, Mission and Chinatown; and,

WHEREAS, they serve San Francisco children and youth who are at risk for out of home care due to their emotional/mental and behavioral issues; ages 3-18; with the majority of their clients adolescents, and,

WHEREAS, a client satisfaction survey for 2011 indicated that 82% of their clients were very satisfied with their services; and,

WHEREAS, Family Mosaic Project believes that every child, youth and family has the right to a coordinated system of care and the right to reach their own unique potential; and,

WHEREAS, Family Mosaic Project believes that change is possible, and they can mobilize child, youth, family and community resources to build a nurturing team, and that creative and innovative approaches should be embraced to meet the needs of every child, youth and family; and,

WHEREAS, Family Mosaic Project believes that services must include, respect, recognize and be sensitive to cultural diversity; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco believes that the Family Mosaic Project is meeting its mission to strengthen children and youth to build a positive future for themselves, their families and their community; and,

BE IT FURTHER RESOLVED that the Mental Health Board of San Francisco asserts that the Family Mosaic Project is achieving its vision that every child, youth and family will strive and thrive, reaching their optimal potential.

City and County of San Francisco
Department of Public Health
COMMUNITY HEALTH CARE

Mayor Edwin M. Lee

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Monthly Director's Report
December 2011

1. MENTAL HEALTH TRAINING FOR THE SAN FRANCISCO SHERIFF DEPARTMENT

As the mental health providers in the San Francisco City and County Jail, Jail Psychiatric Services (JPS) has worked collaboratively with the San Francisco Sheriff's Department (SFSD) for over 30 years. While there has been a long history of persons with mental illness being incarcerated in the local jail, there has recently been an increase severity of clients being seen. In response to this, JPS has partnered with SFSD to develop an intensive Crisis Intervention Training (CIT) that is designed to improve the quality of services provided to the mentally ill population and ensure that staff that work in the jail have a better understanding of this population. Both JPS and SFSD have committed to initially training deputized staff at the San Bruno Facility, as this facility currently houses a large population of chronically mentally ill clients. The ultimate goal is to train all deputized staff across facilities.

The training occurs over the course of three days with small groups (e.g., 4-5 deputies). The first two days of training are presented in a classroom environment and are focused on providing deputized staff with useful information and tools on how to both approach individuals with complex presentations, and ensure the safety of clients and staff in jail. Some topics presented in this training include: Communication Strategies, Working with Special Populations, Suicide Prevention, Mental Health Law, and Job Burnout. On the third day of training, JPS escorts deputies into the community to directly observe some of the resources that are available to patients in crisis (e.g., DORE Urgent Care Clinic, Psychiatric Emergency Services, San Francisco General Hospital Ward 7L).

The first of these trainings took place November 21-23. SFSD's staff reported that the training was both useful and provided them with tangible tools that they can utilize when interacting with patients. The next training is scheduled to occur December 12-14. JPS and SFSD are excited to have this opportunity to provide much needed training to staff and continue to work together to provide high quality services for inmates that have mental illness. For any additional information, please contact Joan Cairns, Director of Jail Psychiatric Services.

2. MENTAL HEALTH LOAN ASSUMPTION PROGRAM

A loan assumption program for mental health professionals in the public mental health system (DPH and DPH-funded programs) is being offered by the State Department of Mental Health and administered by the Health Professions Education Foundation. The program will provide awardees up to $10,000 for repayment of educational loans.

The following professions are eligible for the Mental Health Loan Assumption Program

- Licensed MFT
- MFT Intern
- LCSW

- ACSW
- Licensed Psychologist
- Registered Psychologist
- Postdoctoral Psychological Assistant
- Postdoctoral Psychological Trainee
- Licensed Psychiatrist
- Registered Psychiatrist
- Licensed Psychiatric Mental Health Nurse Practitioner
- Certified Psychiatric Mental Health Nurse Practitioner
- Registered Psychiatric Mental Health Nurse Practitioner

Based on the number of phone call and email inquiries about the MHLAP, it appears there will be stiff competition for applicants this FY11-12. Applications are due by December 10, 2011; and the Health Professions Education Foundation will be reviewing the applications beginning January 4, 2012. Award announcements will be in spring of 2012.

3. Early Childhood Mental Health Consultation Initiative

MHSA funding allowed for the creation and implementation of the Training Institute. The ECMHCI Training Institute consists of three components: 1) orientation for "newer" consultants, 2) supervisors/program director support meetings, and 3) ongoing professional development trainings for all consultants. The orientation will be geared toward consultants who have been doing the work of consultation for approximately one year or less. The cohort consists of 13 consultants who will complete a nine-month long program as a unit, and they will be guided by a specific curriculum around core concepts of mental health consultation service delivery. The monthly supervisors/program director support meetings allow for deeper process and discussion around issues related to the field of mental health consultation, and it fosters a unified model of service delivery across all ECMHCI provider agencies for San Francisco. There was a kick-off event held in the October that all consultants (new or experienced) and supervisors/program directors were encouraged to attend. At this event, Dr. Deborah Perry from Georgetown University presented the latest national research that she is conducting on early childhood mental health consultation practice, effectiveness, and outcomes. Space was created for the consultants to consider and discuss the information they received with their peers at the training, and then dialogue about its relation to their current practice. There is hope that the local work done in San Francisco can become a part of and be included in the national research conducted by Dr. Perry.

4. SF SUICIDE PREVENTION: RECOMMENDATIONS ON SOCIAL MEDIA

It has become apparent that social media sites on the Internet, such as Facebook or Twitter, are vehicles of communication that can have both healthy and unhealthy effects on a community after a youth suicide. When asked in the classroom, almost all youth in San Francisco indicate that they use social media sites such as Facebook or Twitter. Post suicide, youth can use message boards and walls to express grief in a healthy and appropriate way, similar to the ways people use journal entries, letters and obituaries as healthy expressions of emotion when they go through the grieving process. Recently, San Francisco youth have been posting messages that contain messages of specific healthy ways that youth can help themselves and healthy ways to help others after a suicide. At SF Suicide Prevention, staff have noticed direct quotes from mental health brochures and literature being posted by youth in response to messages that are posted by other youth indicating pain or suffering. By using Facebook, Twitter and other social media sites to connect people, there can be an effect of diminishing fear, anxiety and isolation.

Facebook and other sites can also be used to spread rumors, post disturbing images, and express anger that is offensive, derogatory and inflammatory. Since these messages can heighten fear and are not supportive they can spread inaccurate information and increase stress in a community.

As mental health professionals we have learned effective ways to work face to face and with traditional media to monitor messages carefully and diminish contagion or the risk of "copycat" or "cluster" suicides. The fact is that most youth today do not engage with traditional media but receive almost all of their information from sites such as Facebook and messages from friends. Without more monitoring of messaging on these sites, we as a community risk contagion.

Historically, cluster suicides have been typically found within a single geographic area or a single school. With the ubiquitous use of the internet and the almost immediate connectivity of youth at multiple schools that stay connected, there is a need to monitor rumors and posts more closely since San Francisco youth are all inter-connected through the internet. In the past, there was more time to craft appropriate messages, responses and healthy information to distribute to a single school but now we need to monitor and be aware of all schools after an incident. We have also noted that during a heightened period of crisis, events and suicides that occur outside of San Francisco are posted as an event that happened in San Francisco, as a rumor. Even tragic events that happened a year ago or many years ago re-surface as current rumors on the internet during periods of increase tension and anxiety only adding to the level of fear.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

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Unadopted Minutes

Mental Health Board

Wednesday, January 11, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, Secretary; Kara Chien ; Linda Bentley; Lynn Fuller, Vice-Chair; Wendy James; Alyssa Landy; David Lewis, Ph D; Lena Miller; Alphonse Vinh; Errol Wishom; and Virginia Wright.

BOARD MEMBERS ON LEAVE: Inspector Kelly Dunn; Noah King III; and Virginia S. Lewis, LCSW

BOARD MEMBERS ABSENT: None

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Chief of Police Kenton W. Rainey, BART Police Department; Anthony Goleta, Mental Health Association San Francisco (MHA-SF); Kathleen Bernard, San Mateo County Mental Health Board; Michael Wise; and six member of the public.

CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:30 PM.

I want to welcome our newest member to the board, Dr. Terence Patterson. Later in the meeting I will ask you to give a brief introduction of yourself and share why you wanted to be appointed to the board."

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report"

Ms. Robinson: "This year's budget reduction needs to be completed by the end of February 2012, and we are facing a $33 million in deficit for public health. Barbara Garcia, MPA, Director of Health, has planned three Town Hall budget meetings for the public. Also there will be two Health Commission budget hearings. I encourage board members to participate in these forums.

An increase in suicide rates in San Francisco teenagers have not gone unnoticed; San Francisco Suicide Prevention staff and San Francisco mental health professionals are seeing teenagers' posted journal entries communicating suicide issues on social networks. These postings have insidious psychosocial effects because unwarranted fears are heighted, both unnecessary stress and social stigma are increased, and misinformation is spread among teenagers."

Please see the attached January 2012 Director's report.

Monthly Director's Report
January 2012

1. MHSA Innovations Updates: 12N Project

Chapter 12N of the San Francisco Administrative Code requires all City departments to provide lesbian, gay, bisexual, transgender sensitivity and anti-stigma training to all staff who have direct contact with youth, or whose work directly affects youth.

The 12N ordinance specifies that the training must include issues faced by: LGBT youth with disabilities, LGBT youth with mental health issues, LGBT youth with HIV, Immigrant LGBT youth, LGBT youth of color, sexually abused LGBT youth, runaway and homeless LGBT, and LGBT youth from non-accepting households.

The 12N Steering Committee includes members from the following organizations/commissions: SF Youth Commission, SF Human Rights Commission, SF MHSA, and SF Community Programs for Youth.

Goals of 12N Project are to develop a youth-inspired training video on LGBTQ sensitivity issues, supporting documents, and pre/post evaluation. All SF City and County employees who provide direct services to youth or whose work affects youth will be required to watch this video on a yearly basis. Additionally, agencies receiving 50K from the city must also comply with training of their staff.

The 12N Planning Committee has identified Bayview Hunters Point Center for Arts and Technology (BAYCAT) as the best organization to develop a youth inspired video product. BAYCAT educated, empowers, and employs underserved youth and young adults to produce digital media that tells their

unique stories and engages them to positively transform themselves, their community, and their world.

How is 12N unique? BAYCAT and 12N committee will recruit 8-12 LGBTQ youth who will work on various aspects of production including, but not limited to: dialogue/scripting and perhaps acting. Additionally, all youth will receive stipends for their participation. This training video will pilot with youth and providers at CHPY clinics, then roll-out at CBHS, DPH, etc.

For more information, please feel free to contact Lisa Reyes at 255-3613

2. CBHS Annual Orientation

The Ba'Hai Center Auditorium
170 Valencia Street
January 20, 2012
8:00am- 12:00 Noon

CBHS Welcomes Interns and New Staff-
The CBHS Annual Orientation, on January 20th, 8:00am- 12:00 Noon, is designed to provide civil service and nonprofit staff, both clinical and administrative an overview of Mental Health and Substance Abuse services provided within the Community Behavioral Health Services Section of the Department of Public Health. It is intended for newer staff, and interns only who need to learn more about resources in the community and our system of care. We are asking attendees to bring program brochures, 25 to 50 each from the site they are working from to be displayed at the Community Resource Table.

Refreshments and light food are provided. Registration is NOT required and CEUS can not be offered for this event. For more information, please call 255-3687. Please be reminded this is not an academic training.

3. Upcoming Events/Trainings

Hepatitis C: New Advances & Current Challenges

February 10, 2012
9am- 4:30pm
St. Mary's Cathedral Conference Center
1111 Gough Street

Expert presenters include:

- **Todd Frederick, MD**, Hepatologist, Liver Disease Management & Transplant Program and Director of Quality & Clinical Protocols for the division, California Pacific Medical Center
- **Brad Hare, MD**, Associate Professor of Clinical Medicine, UCSF & Medical Director, UCSF Positive Health Program, San Francisco General Hospital
- **Emalie Huriaux, MPH**, Health Program Coordinator, San Francisco Department of Public Health

- **Val Robb, RN**, Clinic Coordinator, Hepatitis C Program, UCSF Positive Health Program, San Francisco General Hospital

Description: This one-day training for clinicians will include information on populations most impacted by Hepatitis C virus (HCV), new advances in Hepatitis C screening and diagnosis, multidisciplinary approaches to care and treatment; treating patients co-infected with Hepatitis C and HIV, new Hepatitis C treatments on the market and in the pipeline, and more.

By the end of the day, participants will be able to:

1) Identify the populations most impacted by HCV;
2) Describe therapeutic options for chronic HCV;
3) Explain a multidisciplinary approach to providing care & treatment services to people living with HCV;
4) Articulate screening strategies and mechanisms to refer HCV-infected individuals to care and treatment services

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

2012 Problem Gambling Training Summit

The Office of Problem Gambling, in partnership with UCLA Gambling Studies Program, is happy to announce registration for the 2012 Problem Gambling Training Summit. Registration is open. The Summit is an annual training to provide the latest information on problem and compulsive gambling and is open to anyone who is interested in attending. This year's theme is "*Building a Foundation for Multi-cultural Problem Gambling Prevention and Treatment Services.*" The summit will include presentations appropriate for: health care providers, CPGTSP providers, nonprofit organizations, community leaders & organizations, alcohol & other drug agencies, the recovery community, gambling industry personnel, governmental leaders, law enforcement personnel and the general public. The Summit will be held in San Diego, CA and the deadline to register is February 17, 2012.

Please Attachment 1 for a flyer and registration form for the 2012 Problem Gambling Training Summit Registration in San Diego.

FREE Registration
FREE Continuing education units
7.5 continuing education units will be offered for: PhD, PsyD, MFT, and LCSW Licenses; CAADAC/CFAPP certified counselors and those authorized to receive BBS CEU's.

Please note: the Summit is not a refresher course for the California Problem Gambling Treatment Services Program, nor is it a replacement for it.

If you have any questions, please call the Office of Problem Gambling at 916-327-8611 or email opg@adp.ca.gov.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comments.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update

Ms. Argüelles: "Jo, are there any Mental Health Services Act Updates not included in your report?"

Ms. Robinson: "The MHSA Innovation money is being applied toward the Chapter 12N Project. Staff members who have any contact with youth are required to attend LGBT sensitivity trainings as mandated by the Chapter 12N of the San Francisco Administrative Codes.

Consumers with mental health issues often smoke. Smoking not only affects their physical heath but also exacerbates their mental health conditions. A smoking cessation program is being implemented across the City and County of San Francisco starting in Chinatown.

We have started Mindfulness-based intervention for youth and their providers where high school students are learning strategies to reduce stress and reactive behaviors while gaining a greater self control.

The Seeding Resilience project promotes mental health care through skill shares between underserved populations and stakeholders. This garden project encourages individuals to become more self sufficient. Community engagement is also fostered throughout the project."

2.2 Public comment

Michael Wise: He said he is among the first cohorts in the Community Mental Health Worker Certificate at San Francisco City College. The program is funded with the Mental Health Services Act (MHSA). He also announced that the first graduation of this program will be in May 2012.

He expressed interest in news about the San Francisco Police Department's new Crisis Intervention Team (CIT) training.

Ms. Robinson: "I'm glad they restarted the training after one and a-half years, and I am going to let Helynna Brooke address that issue since she coordinated Police Crisis Intervention Training (PCIT) for about 10 years and since she is still involved with CIT."

Please see the 5.1 Report from the Executive Director of the Mental Health Board for Ms. Brooke comments.

ITEM 3.0 PRESENTATION: MEET AND GREET CHIEF KENTON W. RAINEY, BART POLICE DEPARTMENT FAMILY MOSAIC PROJECT, JANA RICKERSON, LCSW, PROGRAM DIRECTOR

3.1 Presentation: Meet and Greet Chief Kenton W. Rainey, Bart Police Department

Ms. Argüelles: "I would like to introduce Chief Kenton W. Rainey, Chief of Police for BART. Chief Rainey requested the opportunity to meet the members of the San Francisco Mental Health Board. He met with our former chair, James Keys last year."

Chief Rainey: "Thank you for the warm welcome.

First, I started with BART in June 2010 and during my first week on the job we had an encounter with a person with a mental illness that we had to Tase. Second, in July 2010, BART officers, along with Oakland Police Officers, were forced to use deadly force against a person with mental illness who threatened them with a knife. Because of these incidents Mr. Keyes from the San Francisco Mental Health Board reached out to me in the form of a letter and expressed his concern on how we were handling these incidents. In response to this letter I met with Mr. Keyes and Helynna Brooke of the SF Mental Health Board and detailed my background with CIT and my intent to make sure all of my personnel received this training.

I have been with law enforcement for 32 years but with the BART police 18 months. I started out with the Ventura County Sheriff's Department where I dealt with homeless veterans who were living in river bottom areas and who were more often than not well-armed with weapons to protect themselves. Since they acquired wilderness training and survival skills through the armed forces, these homeless veterans knew how to take care of themselves.

Homeless veterans are already vulnerable and usually are an easy target to be preyed upon, and they prey on each other as well. I have discovered that many homeless veterans, unbeknownst to law enforcement officers, have unmanageable mental health problems.

I am very familiar with the Memphis CIT Model which was developed in the 1990's, and Ventura officers received crisis intervention training through this model.

When I came to BART police about 18 months ago, there was no crisis intervention training for the BART police department, which is made up of about 206 uniformed officers. Now, however, as I previously stated I have the commitment from the BART board to train all of our officers and dispatchers.

According to my research, back in the late 1990's, people with unmanageable mental illness were often involved in police shootings. In fact, in the previous jurisdiction I worked in approximately 60% to 70% of police shootings involved people with mental illness. In addition, all the officers killed in the line of duty during this same period were killed by a person suffering with or had been previously treated for a mental illness.

Police officers are taught command presence where they must speak and act reasonably, and with confidence in order to make sense out of chaos. The BART system goes through 26 cities, 44 stops and four counties. An average of three people per day are 5150'd by BART police.

It is very costly for BART when BART police are involved in shootings. These costs are criminal investigations to civil law suits, in addition to injury or loss of life. It is a lot cheaper to have crisis intervention training in order to try to prevent these incidents.

Since Oakland Police were not proactive in crisis intervention training, the former Oakland Police Chief Anthony W. Batts who was a reform-minded chief instituted a 40 hour crisis intervention training for Oakland Police.

I am happy to hear that San Francisco Police restarted their CIT training. I am hoping that after next week's meeting with the San Francisco Police Chief Greg Suhr, I will be able to place a few of my BART officers into San Francisco's CIT training. I also want to do more outreach to homeless people in four counties to prevent any more BART police involved shooting statistics!

I want to have a mental health clinician available to work with BART officers to work proactively to ensure homeless individuals within the BART system get the mental health services they need. The BART general manager has agreed that I can hire an outreach worker to perform this service."

Ms. James: "How do you currently handle crisis intervention training?"

Chief Rainey: "BART officer's command presence coupled with careful assessment of a situation can de-escalate a crisis. BART police can learn more about different types of mental illness."

Ms. Robinson: "I want to introduce you to our San Francisco clinicians. Can you elaborate on when you want to have the new person on board for consultation?"

Chief Rainey: "I am hoping this special person will be on board sometime in March 2012. This person would be a non-officer but have expertise in mental health. I also welcome the Mental Health Board of San Francisco to sit on the interview committee."

Mr. Vinh: "What assistance can we offer to your department?"

Chief Rainey: "Anytime there is an officer involved shooting, both the officer and families are traumatized with post-traumatic stress disorder. We have an internal trauma response team for BART police personnel.

I am also committed to working with various agencies to make crisis intervention training be a mandated training for all law enforcement field training officers in the state of California."

Mr. Lewis: "In the Oscar Grant shooting, Oscar did not have mental illness. How do you prevent such future conflicts?"

Chief Rainey: "In response to the Oscar Grant incident, two studies were commissioned and those studies came up with hundreds of recommendations for best practices. I was hired to lead the change, and many of those recommendations have been implemented to date."

Mr. Lewis: "How many have been implemented?"

Chief Rainey: "A good many have been implemented. It takes almost 3-7 years for new policies to be accepted and incorporated into an organization's culture."

Ms Fuller: "How are data collected and analyzed regarding people with mental illness?"

Chief Rainey: "The complexity of the details will depend on what we want to analyze. All 5150's are reported to me daily, and any major incidents are tracked with Computer-Aided Dispatch (CAD)."

Mr. Ellis: "What happens to an out-of-county person with mental illness in your jurisdiction?"

Chief Rainey: "If we can safely assist that out-of-county person back to San Francisco we will do so. However, we may need to 5150 them if that person with mental illness were to show imminent violence or danger to themselves. We seek voluntary compliance from passengers as the first thing because it is safer for everyone!"

Ms James: "Is it true that BART officers are required to have both a Taser and a pistol on different sides of their bodies to avoid accidental discharge of the wrong weapons?"

Chief Rainey: "Yes, but right around the time of the Oscar Grant incident, BART police had just acquired Tasers. At the time, there was no quality control.

Although some officers don't want to carry a Taser, front line officers are required to carry a Taser, after a formal training. Officers also have at their disposal a baton."

Ms. Argüelles: "I suggest board members attend the reverse training."

Ms. Robinson: "I believe the West Coast Retreat Center in Marin could be beneficial to BART police who just recently engaged in a traumatic event."

Ms. Brooke: "I can send that information to Chief Rainey."

Ms. Miller: "I admire your compassion that you bring with your leadership. It is a positive change."

Mr. Lewis: "Do you require psychological assessments of BART police candidates?"

Chief Rainey: "We do."

3.2. Public comment

Mr. Wise: He congratulated Chief Rainey's administration for getting BART connection down to San Jose. He also appreciated that there is a BART police department because it is very reassuring.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of November 9, 2011 be approved as submitted.

Unanimously approved

Ms. Argüelles: "Be it resolved that the notes for the Mental Health Board Retreat of December 3, 2011 be approved as submitted. Your vote to approve the notes from the retreat includes the goals that were created at the meeting. So before we vote on the notes, please turn to the page with the goals and we will go over them before voting. We can then vote on any changes before voting to approve the notes."

Ms. Bentley: "I like to encourage everyone to attend the Executive Committee meeting to plan to implement goals and priorities that were discussed at the December 3, 2011 retreat."

Ms. Fuller: "I would like to make it a priority to explore more ways to work together that don't require so much physical presence."

Ms. Vinh: "I would like to use Skype technology."

Ms. Fuller: "Does the Website Committee need to publish notices of meetings?"

Ms. Brooke: "At this time, the Sunshine Act requires notice of meetings and mandates physical attendance of all voting members!"

Mr. Vinh: "I wonder if the public could IM live questions when there is a meeting."

4.2 b. PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board Retreat of December 3, 2011 be approved as submitted.

MENTAL HEALTH BOARD
January 11, 2012

RESOLUTION (MHB-2012-2): MENTAL HEALTH PRIORITIES FOR 2012

- BE IT RESOLVED, that the Mental Health Board of San Francisco adopts the following three items as its priorities for 2012.

- **GOAL #1: EDUCATION AND INFORMATION GATHERING**
  a. Healing traumas, PTSD, and community violence in the SE sector
  b. Laura's Law
  c. Sexual offenders, sex abuse and SVP -- sexual violence & predator
  d. SFUSD Programs: mental health first aid for schools
  e. Sunshine and new technology

- **GOAL #2: IMPACT & ADVOCACY OF CRITICAL ISSUES**
  a. Media exposure
  b. Board resolutions
  c. Articles
  d. Supervisor outreach

e. MHBSF.org website

- **GOAL #3: FOLLOW UP**
  a. Follow up on Goals 1 and 2, revisiting issues at each board meeting
  b. Follow up on the SF Police Department Crisis Intervention Team

Unanimously approved

Ms. Argüelles: "Ms. Brooke will read the proposed resolution commending the Family Mosaic Project for its work.

Ms. Robinson: "I think that it would be great to have the board present Family Mosaic resolution to the Family Mosaic staff meeting.

4.2 c. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Family Mosaic Project for its work with children, youth and their families.

MENTAL HEALTH BOARD
January 11 2012

RESOLUTION (MHB- 2012-01): THAT THE MENTAL HEALTH BOARD COMMENDS THE FAMILY MOSAIC PROJECT FOR THEIR EXCEPTIONAL WORK WITH VULNERABLE CHILDREN, YOUTH AND FAMILIES.

WHEREAS, Family Mosaic Project has Care Managers, Marriage & Family Therapists, Psychiatric Social Workers, Psychiatrists, and Public Health Nurses; and,

WHEREAS, their offices are in Bayview-Hunter's Point, Mission and Chinatown; and,

WHEREAS, they serve San Francisco children and youth who are at risk for out of home care due to their emotional/mental and behavioral issues; ages 3-18; with the majority of their clients adolescents, and,

WHEREAS, a client satisfaction survey for 2011 indicated that 82% of their clients were very satisfied with their services; and,

WHEREAS, Family Mosaic Project believes that every child, youth and family has the right to a coordinated system of care and the right to reach their own unique potential; and,

WHEREAS, Family Mosaic Project believes that change is possible, and they can mobilize child, youth, family and community resources to build a nurturing team, and that creative and innovative approaches should be embraced to meet the needs of every child, youth and family; and,

WHEREAS, Family Mosaic Project believes that services must include, respect, recognize and be sensitive to cultural diversity; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco believes that the Family Mosaic Project is meeting its mission to strengthen children and youth to build a positive future for themselves, their families and their community; and,

BE IT FURTHER RESOLVED that the Mental Health Board of San Francisco asserts that the Family Mosaic Project is achieving its vision that every child, youth and family will strive and thrive, reaching their optimal potential.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "Ms. Brooke congratulated Michael Wise on achieving his Community Mental Health Worker certificate. She met Mr. Wise when she first became Executive Director. She shared that he is also a very good writer. Ms. Brooke highlighted the flyer showing the times for the Director of Public Health, Barbara Garcia's Town Hall meetings about the budget because Ms. Garcia really wants to hear from everyone who might have ideas. She then mentioned the flyer with the times for the California Association of Local Mental Health Board upcoming webinars. She encouraged board members to look at the webinars. If people were unable to view them at the scheduled times it will be possible to see them on the California Institute of Mental Health website later. Then she passed out a list of possible program reviews, explaining that board members were welcome to suggest additional programs they might be interested in visiting. Ms. Brooke or Mr. Proffitt will accompany new board members so as to be available if they have any questions.

Ms. Brooke provided an update on the new San Francisco Police Department Crisis Intervention Team and the recent training. The training in early December was well received by the participants who were a mix of officers, lieutenants and dispatch staff. The curriculum team will be making some changes for the upcoming training in February. Commander Mikail H. Ali is in charge of the Crisis Intervention Team and overseas the training. He is in charge of half of the patrol officers, born and raised in San Francisco, and well liked and respected by his colleagues. Sergeant Kelly Dunn is working with him in the training. A new person has been appointed by the police department to be a psychiatric liaison. Two of the key things that are exceptional about this training is the greater collaboration between the police department and mental health and the inclusion of dispatch."

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles: "I propose that the board should give out certificates to recognize the first graduates of CIT.

I want to welcome you all back from the holidays and I am looking forward to working with you in 2012. All of you did a tremendous job at the retreat coming up with the goals and priorities for the year. Over the next few months we will be focusing on the goals from the retreat, on getting as many program reviews done as possible, visiting our supervisors and attending as many budget town hall meetings as we can.

Now I would like Dr. Patterson to introduce himself. Thanks to the advocacy of board members and myself, Supervisor Campos finally made the appointment to the board."

Mr. Patterson: "I am really delighted to be on the board. My interests come from many years in public mental health. I was at San Francisco General Hospital's refugee clinic and worked with underserved communities. I also was in a family health center and teen center.

I then spend time in Washington DC on public health services. My passion is in diversity

Since 1990, I've been a faculty member of University of San Francisco (USF). I am currently developing a Ph.D. program in behavioral health for the University of California at San Francisco. I also want to collaborate with Community Behavioral Health Services."

Ms. Argüelles: "I look forward to seeing you on the Executive Committee."

5.3 Report by members of the Board on their activities on behalf of the Board.

Mr. Lewis: "Our Mayor Edwin Lee has appointed Christina Olague as District 5 supervisor to replace Supervisor Ross Mirkarimi who was elected."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Argüelles: "The next Executive Committee meeting is Thursday, January 19, 2012 at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend."

Ms. Fuller: "I would like the board to consider attending meetings via phone or Skype media.

I would like the Executive Committee to review how goals of the 2011 Board Retreat meet its goals in 2012."

Ms. Miller: "I would like a presentation on methamphetamine which is very prevalent with kids these days and under the influence they commit shootings. I have recently been seeing this."

5.5 Public comment

No public comments.

ITEM 6.0 PUBLIC COMMENT

Ms. Bernard: Bellow is Ms. Bernard submission to the board.

> *There is a land for sale in Clear Lake County in California, over 100 acres on lake front property, once owned by U.A. Local 38 Plumbers and Pipefitter Union, now empty, is up for sale for the asking price of 13 million, my idea was to have this property currently called Konocti Harbor Resort and Spa and Concert Inn turned into a hospice, rehabilitation, temporarily housing the mentally ill, training center and work convention center. The concert hall alone holds over 2000 people and besides an entertainment concert stage would make a great place important. For conventions, there are hotels, condos, lobby, two houses holding at least houses over 800 and people also places for doctors and other staff in which it takes to run the New Center. I understand the Proposition 63 which has the funding for the state of California, may be able to purchase the land and rebuild and run, to the point where people with mentally illness can make their own profits, after my project is put into action,*

and completed by the people for the people whom are mentally ill, looking at the homeless in San Francisco and Los Angeles counties those whom are mentally ill to get those who qualified a the New Center and get them on government assistance, SSI, SSDI, MediCal, housing, I feel the center should have a revolving door, not temporary housing. San Mateo County Mental Health Board approves of project and is willing to assist in what it takes to make this dream a reality.

Thank you,

Kathleen Bernard

Adjournment

Meeting adjourned at 8:25 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, February 8, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: UPDATE ON COMMUNITY MENTAL HEALTH CERTIFICATE PROGRAM BY SAL NUNEZ, PhD, LMFT, PROGRAM DIRECTOR
For discussion.

3.1 Presentation: Update on Community Mental Health Certificate Program by Sal Nunez, PhD, LMFT, Program Director

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 a. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of January 11, 2012 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it Resolved that the Mental Health Board supports Crisis Intervention Training for all police officers in addition to Crisis Intervention Team members.

4.2 c PROPOSED RESOLUTION: Be it Resolved that the Mental Health Board Individually Commends all Police Officers Graduating from the December 2011 Crisis Intervention Team Training.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro

station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

Edwin Lee
Mayor

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Unadopted Minutes

Mental Health Board

Wednesday, February 08, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, Secretary; Kara Chien ; Linda Bentley; Wendy James; Noah King III; Alyssa Landy; David Elliott Lewis, Ph D; Virginia S. Lewis, LCSW; Lena Miller, MSW; Terence Patterson, EdD; ABPP, Alphonse Vinh; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Lynn Fuller, Vice-Chair; Sgt. Kelly Dunn.

BOARD MEMBERS ABSENT: none

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Sal Nunez, PhD, LMFT, Program Director, City College Certificate Program; Anthony Goleta, Mental Health Association San Francisco (MHA-SF); Rene Charles Celiz; Michael Wise; and three member of the public.

CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:30 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report"

Ms. Robinson: "Tomorrow, Thursday February 9, 2012, is the memorial service, Celebrating the Lives of Nurse Susan Poff and Dr. Robert Kamin, Psychologist, at Glide Memorial Church. Both Susan and Bob are colleagues of Community Behavior Health Services.

The retirement celebration for Manuel Mena, Implementation Coordinator of Seeking Safety Project, is on March 2, 2012 at the Florida Café at 6 PM.

We are looking more at programs that can bill MediCal for services. Governor Jerry Brown, with AB3632, did re-alignment, allocating funds for mental health services directly to the school districts that formerly came directly to the county mental health services so they could provide the services to the schools... This meant about $400,000 worth in services would be reduced from our General Funds budget; however, we are still hoping that this short-fall amount would be reimbursed by the San Francisco Unified School District for the services we are providing to the schools.

The latest budget planning is 25% cuts across the board. The San Francisco Health Commission wants to add back to programs with budgets less than $500,000. The add-back means we are making funding whole for small programs.

The AB 109 realignment will bring people from state prisons back to the counties, some of whom will be released to the community. Mini dollars are being used to purchase more residential beds to treat adults in probation programs, because we have known that 100% of the people who will be released soon from correctional rehabilitative facilities will need our services.

The Southeast Child and Family and Geriatric Centers have been relocated to the Silver Avenue site to save about $600,000 in rent. The relocation is due to expiring commercial leases, and we are just consolidating civil service sites. We are not cutting programs or services.

About $1 million in savings is expected from changing the Seneca program, which is now a high level care residential, locked community treatment facility to a Level 14 program. The savings comes from reclassifying level 14 group home children. For children with needs for a higher level of care, they will be sent to a more targeted program.

Mr. Lewis: "What does the Level 14 designation mean?"

Ms. Robinson: "The Community Treatment Facility (CTF) is a locked voluntary program that is very expensive to run, while Level 14 is a voluntary residential treatment group home for youth with high level mental health needs."

Ms. Bentley: "How are clients in the Southeast sector of San Francisco going to travel to the new sites on Silver Avenue for services?"

Ms. Robinson: "Maps show that clients are coming from all over the City for these services."

Mr. King III: "I want to remark that southeast sector clients find access to reliable public transportation for services in other areas of the City very stressful, especially the T train."

Ms. Robinson: "To give you good news. If you recall the Seeking Safety Training, we now have implemented new seeking safety groups throughout the CBHS System of Care.

Jelani House Inc. needs referrals. The program is designed for pregnant women including postpartum mothers."

Please see the attached February 2012 Director's report.

Monthly Director's Report
February 2012

1. CBHS Welcomes Interns and New Staff At Ba'Hai - 2012 Provider Directory Released

On January 20 the Office of Quality Management led the CBHS Annual Orientation with about one hundred and fifty new staff and interns in attendance. The presentation was designed to provide civil service and nonprofit staff, both clinical and administrative an overview of Mental Health and Substance Abuse services provided within the Community Behavioral Health Services Section of the Department of Public Health.

Community-based Program and Civil services program brochures were on display at the Community Resource Table. Michael Gause, Associate Director of the Mental Health Association gave an inspiring talk on Wellness and Recovery. Along with Michael, Antonio Morgan MHA Consumer Advocate spoke passionately about his personal and courageous story. He said he was not in "Recovery but in Discovery," which brought on a thunderous applause.

A copy of the 2012 CBHS Directory was disseminated. For those who did not attend the event, there are copies available at the Forms Room 2nd floor at 1380 Howard. The Directory can be found online at:

http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp See CBHS - Other Services

From the DPH Net intranet (civil service programs/staff) click on Program Services and a right menu will appear – scroll down to Organizational Provider Manual for CBHS 2012.

2. Seeking Safety Training has Resulted in New Seeking Safety Groups for CHBS System of Care

Implementation Coordinator, Manuel Mena, asked the service providers to give the following information as they introduced themselves during the January 27, 2012 Seeking Safety Project – Peer Consolation meeting:

1. What program do they represent?

2. What populations do they serve through their Seeking Safety groups?
3. Have they started implementing their Seeking Safety groups?
4. Are they still in the planning stages of assembling the Seeking Safety groups?
5. Are you using the Seeking Safety model's questionnaire or another evaluation tool?

Twelve programs reported that they have implemented a Seeking Safety groups at their agency and ten stated that they have plans to start Seeking Safety groups before the end of March.

Thank you Manuel and members of the Seeking Safety Project for your dedication to this project that will improve client care.

3. External Quality Review (EQRO)

CBHS is preparing for its annual, mandated EQRO. This year's site visit will be held February 29 through March 2 year and check for regulatory compliance. Federal regulations issued by the Centers for Medicare & Medicaid Services (CMS) require that states engage an independent external quality review organization to review their respective public sector mental health plan (MHP) systems and present an annual report on findings to their.

4. Transgender Wellness and Recovery Group

A transgender Wellness and Recovery group is held in the Behavioral Health Access Center (1380 Howard Street, 1st floor) Thursdays from 3:00pm to 4:00pm. This peer led group was formulated using a model of both peer support and Wellness and Recovery. The Transgender Wellness and Recovery Group provides information, education and linkages to services in the community. Its facilitators are Wellness Recovery Action Plan (WRAP) trained. WRAP programs are designed in practical, day-to-day terms and develops individualizes plans for getting and staying well. Walk-ins are welcome.

5. Mental Health Loan Assumption Program

Mental Health Loan Assumption Program (MHLAP) is a statewide loan forgiveness program that allows the public mental health system to retain qualified mental health professionals in hard-to-fill or hard-to-retain positions. In FY10-11, the City & County of San Francisco was allocated $92,000. Through a very competitive process, fifty-three San Francisco MHLAP applications were submitted and (10) awardees received $9,200 each.

For FY11-12, (128) San Francisco MHLAP applications were submitted; and the county is awaiting the award decisions from the Health Professions Education Foundation.

6. Peer Specialist Mental Health Certification Program

Richmond Area Multi-Services, Inc. (RAMS) and San Francisco State University Department of Counseling jointly developed and are offering the Peer Specialist Mental Health Certificate Program. Funded by the Mental Health Services Act (MHSA), the primary goal of the Certificate program is to prepare consumers of community behavioral health services or family members with the basic skills and knowledge for entry-level peer specialist/counseling roles in the community behavioral health

system or to further their career in the field. RAMS, in collaboration with SFSU, is pleased & very excited to announce the start of Peer Specialist Mental Health Certificate program for the Spring 2012.

Information regarding this program is posted at www.ramsinc.org on the left-side of the webpage along with the listing of other programs/services at RAMS. Please feel free to contact Christine Tam, Program Coordinator with RAMS, with any questions at christinehtam@ramsinc.org or by phone (415) 668-5955 x386. We look forward to the Spring 2012 class in April and continue training the next generation of Peer Specialists/Counselors.

7. Seniors and Persons with Disability

Many of you have worked with and are assisting your clients transition into Medi-Cal Managed Care. As of January 1, 2012, approximately 229,000 SPDs have been transitioned into Medi-Cal Managed Care. Between 340,000 and 350,000 SPDs are targeted for transition by May 2012. To view the managed care implementation for SPDs, as of November 2011, please view the monitoring dashboard at:
http://www.dhcs.ca.gov/individuals/Documents/MMCD_SPD/ChartsRptsData/SPD_Dashboard.pdf.

This document is updated regularly.

8. Jelani Inc.

Jelani Inc. is comprised of two residential substance abuse and mental health treatment programs for San Francisco residents. The duration of the programs is an average of 6 months. Jelani Family Program is the only public alcohol and rug program in Northern California that take couple and/or fathers.

Unique AND highly effective for participants. Currently no waiting list.

Some of the services provided:

- Individual/Group Counseling
- Parenting Education
- Anger management
- Seeking Safety
- Empowerment + Self-esteem
- Health & Wellness
- Case Management
- Mental Health Therapy
- (Individual, Family, Couples, Children's)
- Child Development
- Infant Massage
- Domestic Violence
- Relapse Prevention
- Couples Skill Building
- Referrals
- Smoking Cessation

Jelani House is designed for pregnant/postpartum women 18 years of age or older with children up to the age
of 5.

Women do not need to have their child/children with them to start treatment if there is a CWS supported reunification plan in place. Women must also identify as having a substance issue and be willing to participate in drug/alcohol treatment.

The **Jelani Family Program** is designed for families (couples and single fathers) with children up to the age of 12 to come into treatment as a family unit.
Parents do not need to have their child/children with them to start treatment if there is a CWS supported reunification plan in place. At least one parent must also identify as having a substance issue and BOTH parents must be willing to participate in treatment.
For Intake, please contact: 415.822.5945Questions or problems, Jim Stillwell, 415.255.3717

9. No Alcohol Intake Safe in Pregnancy

January 17, 2012
Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco and Dorothy Caputo, MA, RN, BC-ADM, CDE, Nurse Planner

Any alcohol consumption during pregnancy -- especially during the second half of the first trimester -- puts the newborn at risk for fetal alcohol syndrome (FAS), results of a study showed.

For every additional drink a day on average during those early months, there were increased risks of 25% for smooth philtrum, 22% for thin vermilion, 12% for microcephaly, 16% for lower birth weight, and 18% for reduced birth length, reported Haruna Sawada Feldman, PhD, MPH, of the University of California San Diego in La Jolla, and colleagues.

There were similar findings for each additional episode of binge drinking and each additional drink in the maximum number consumed per occasion, the authors noted in the study, which appeared online ahead of print in Alcoholism: Clinical and Experimental Research.

- This study found that when it comes to avoiding fetal alcohol syndrome (FAS) in newborns, there is no safe level of alcohol consumption for mothers.

- Note that the risk of FAS among the children of women who drank alcohol was especially high in the second half of the first trimester.

To further clarify the issue, researchers undertook a prospective study involving 992 women.

After getting counseling, women who reported exposure to at least 1 of 70 different agents, including alcohol, were interviewed in greater detail. Pregnant women who reported no exposure to these agents were also asked if they would like to participate in the study. At the end of the pregnancy, various outcome data were obtained. For all live births, mothers were asked to participate in a standardized, blinded dysmorphological assessment of the child. The assessors, who were blinded for mother's status, looked for a standardized checklist of 132 malformations.

When women consuming one or more drinks per day were compared to those consuming less during the first trimester, higher risk was seen with higher dose for microcephaly, thin vermillion border,

and smooth philtrum, as well as reduced birth length and weight. These outcomes did not exclusively occur in the higher-dose group, the researchers noted.

During the second trimester, significant associations were seen with smooth philtrum, and weight and length. By the last trimester, only birth length was associated with average drinks per day and maximum number at one occasion.

Higher prenatal exposure to alcohol was significantly associated with incidence of smooth philtrum, but not with short palpebral fissures. The strongest associations were found during the second half of the first trimester in both average drinks per day and maximum number of drinks. There was no indication of any safe level of alcohol exposure, the authors noted.

"Based on our findings, there is no safe threshold for alcohol consumption during pregnancy with respect to selected alcohol-related physical features," the authors concluded. "Women who are of childbearing age and who are contemplating or at risk for becoming pregnant should be encouraged to avoid drinking, and women who are pregnant should abstain from alcohol throughout the pregnancy."

Primary source: Alcoholism: Clinical and Experimental Research
Source reference:
Feldmen HS, et al "Parental alcohol exposure pattern and alcohol-related birth defects and growth deficiencies: A prospective study" Alcohol Clin Exp Res 2012; DOI: 10.111/j.1530-

For Assistance During Pregnancy, NEW BEGINNINGS, 415 546-6756 EXT 316 OR 364

10. Upcoming Events/Trainings

Coping with Hope: HIV and Aging
Friday, March 23, 2012
9:00am - 4:00pm
UCSF Mission Bay Conference Center

Featured Speaker:

Jason Tokumoto, MD
National Clinician Consultation Center at SFGH
HIV Specialist, San Francisco AIDS Education & Training Center

See Attachment 1, for information and how to register.

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at
415-255-3553 or email norman.aleman@sfdph.org

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comments.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update

Ms. Argüelles: "Jo, are there any Mental Health Services Act Updates not included in your report?"

Ms. Robinson: "There is an MHSA advisory board meeting on February 15, 2012 at 2:30 PM at the LGBT Center on Market Street. I encourage the board to attend the meeting."

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATION: UPDATE ON COMMUNITY MENTAL HEALTH CERTIFICATE PROGRAM BY SAL NUNEZ, PhD, LMFT, PROGRAM DIRECTOR

3.1 Presentation: Update on Community Mental Health Certificate Program by Sal Nunez, PhD, LMFT, Program Director

Ms. Argüelles: "I would like to introduce Dr. Sal Nunez, Program Director for the Community Mental Health Certificate Program. The Mental Health Board provided a support letter for this program when he applied for the funding and after he received the grant, Sal gave a presentation to the board about his planned program. He is here this evening to give the board an update."

Mr. Nunez: "I would like to thank Jo Robinson, Lara Arguelles and Helynna Brooke for your support. I also want to say thank you to the community programs because their collaboration make the Mental Health Certificate Program sustainable.

With me is Rene Charles Celiz who is a graduate student and a coordinator of the program.

A recent graduate of the Community Mental Health Program is Mr. Michael Wise. He may share with the board about his experience.

Before going further into my talk about our certificate program, I am going to demonstrate mindfulness by passing around some rosemary and sage sprigs. Many studies show that the herbs have therapeutic values that are known by North American natives for centuries. I also like to sing a Native American song because the natives like to begin their assemblies with a song – the purpose of singing is like the Olympics' opening ceremony. Singing quells any restlessness of the mind and encourages the circulation of positive energy.

The Community Mental Health Certificate Program was developed out of necessity to meet San Francisco's diversified community's needs. Before the program came into fruition, we had community forums, talked to Mental Health Services Act (MHSA) people, attentively soliciting feedback from people with mental illness who shared their lived experiences. Regardless of people's

socioeconomic status or political affiliations, they all kept saying San Francisco could benefit from a wellness recovery program! Individuals have wanted to develop certain skills to keep their mental illness manageable so they can be self reliant and live independently. When loved ones are victimized or traumatized, employers and family members have called behavior health and mental health professionals to see what is being offered in the community. People also wanted harm reduction and substance abuse to be addressed in wellness and recovery.

In response to community needs and with the collaboration of the City College of San Francisco, we started to offer the Community Mental Health Worker Certificate. This program is based on the wellness and recovery model. Students are empowered to use their experiences to advocate for others. Students are encouraged to develop employment skills needed to become gainfully employed. We create a very conducive learning environment fostering a person's strengths to help students restore their health and wellness.

For example, we have the Wellness Recovery Action Plan (WRAP). San Francisco is very rich in cultural diversity. Working in teams enhances students' individual contributions; at the same time, students learn to be culturally responsive. Our workshops are designed to meet various learning styles because we believe an experiential approach is important to wellness and recovery. Students develop their own recovery methods that speak to their cultures. We incorporate linguistic and cultural skills.

Completing a 15-week internship is a must for the students. The internships provide a testing ground for students to find their own working niche, so they can position themselves to become gainfully employed when they complete our program. Students demonstrate competency in resume writing, interview skills, and disability issues. The internship is an eight-hour a day, all week position. By graduation time, students would have an easy transition.

We also developed a team of graduates to help new in-coming students acclimate to our program. We use the Peer Care Management team. I introduced Rene Charles Celiz earlier, and he is part of the Peer Care Management (PCM) team. Working as a liaison, he helps prospective students navigate the college system and the Community Mental Health Certificate Program. Current students check-in regularly with PCM and behavioral health specialists so we can be proactive with students' special needs. We have loan out text books for financially strapped students. Our extra hand-holding effort is very much appreciated because we want people to succeed!

The American Psychological Association (APA) has recently recognized the value of the wellness and recovery model, and Substance Abuse Mental Health Services Administration (SAMHSA) recently found that the wellness and recovery model works very well for people with substance abuse."

Before Mr. Nunez continued his presentation he asked the board members to stand up to participate in a kinetic exercise, which he uses in his classroom because so many of his students found the exercise to be helpful in staying engaged and alert in their learning.

Mr. Nunez: "The Community Mental Health Certificate Program does offer scholarships ranging from $100-$150 to help pay for school expenses. The Board of Governor Waiver (BOGW) is another option to pay for tuition. Our first graduation had 15 graduates last year.

We are expanding our collaboration with other community programs. Some of them are Senaca, RAMS, San Francisco General Hospital, Standing Against Global Exploitation (SAGE) A Women's Place, and the Veteran Affairs Department. We are currently negotiating with the San Francisco Fort Miley's Medical Center because so many veterans would benefit from our program.

We have a very low students to faculty ratio so many students appreciate the faculty attention. We have relationships with the California Institute of Integral Studies (CIIS) as well, and Dena Redman is the dean of the California State University (CSU) at San Francisco.

25 students in this semester will do an internship. We have found lots of interest in our program and we try to incorporate new information for treatment. The Community Mental Health Certificate Program is only two years old.

Our program is very responsive to cultural practices that help people recover from traumas because these indigenous mindful practices are valid and reliable to wellness and recovery. For example, our indigenous community model sees the value in food where such a model may have been discounted in western medicine. Some communities practice wellness and recovery through pot-luck gatherings, while the Samoan culture incorporates indigenous dances.

If you have further questions, I find that direct one on one communication is more effective than email or phone because I can observe your non-verbal communication. I can also be contacted about gender responsiveness, integration and culture needs."

Mr. Wise: "I found my personal workbook in Wellness Recovery Action Program (WRAP) to be a very positive and self empowering exercise. In Sal Nunez's internship class, I had to do a personal project called the genogram, which I found to be very insightful. When it came to selecting an elective, I decided to enroll in the Mindfulness class. I also participated in a Native American drumming circle practice, which as very uplifting. There was also the resume and job interviewing skills through City College's career resource center, and I found it to be very helpful."

Mr. Celiz: "I am currently a graduate student at the California Institute of Integrative Studies School in San Francisco. There are over 100,000 students at City College. It is very overwhelming for new students to navigate the campus. Students get overwhelmed with financial aid, counseling, re-entry into school after being away for 20 years. As a Peer Care Management person, I help them through the process."

Mr. Ellis: "Can you talk about Health 91D?"

Mr. Nunez: "It is a one time prerequisite that provides navigation in the Wellness and Recovery Model. The class gives students a chance to see their academic readiness for our program."

Ms. Chien: "How do students find internships? Do they find internships themselves or do you place them in an approved internship."

Mr. Nunez: "If a student has a specific internship preference, we will make accommodation. Otherwise, we try to match students to our list of internships."

Ms. Chien: "By incorporating cultural diversity in your program, I believe your program would add great value to San Francisco because it is a city that is rich in diversity."

Mr. King III: "When is WRAP taught?"

Mr. Nunez: "WRAP is in the Health 102 syllabus."

Mr. Vinh: "Are you going to have a 2012 summer semester despite budget cuts?"

Mr. Nunez: "We tentatively will have Health 91D class this summer."

Ms. Virginia Lewis: "How many women are in the program?"

Mr. Nunez: "We have attempted to balance out the gender mix but there is usually a higher female to male ratio."

Dr. David Lewis: "I found the WRAP program to be very helpful. I wish WRAP were taught in grade school for everyone."

Ms. James: "I myself did find the WRAP program to be effective as well."

Ms. Miller: "So many traumas have existed in the Bayview Hunter's Point (BVHP), and people in that community would benefit from your program very much. I hope you would work with us to develop strategies for the BVHP community."

3.2. Public comment

Ms. King: "I am concerned about young men and women in the community. How do you blend young people coming in with attorneys there?"

Mr. Nunez: "We have students from all walks of life and different age groups from early 20's to some late teens. Most students do not have degrees, not even a general education degree."

Mr. Wise: He wondered if there is any funding sustainability.

Mr. Nunez: "Despite the budget cuts, I hope other funding sources will step up to help sustain the program."

Ms. Robinson: "With the Affordable Healthcare Act, this program would fit into the Workforce Development Program (WDET) of the MHSA."

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of January 11, 2012 be approved as submitted.

Mr. King III: "I wish I were at the January meeting, but want to go on record that I have issues with BART but not the current BART's Chief of Police per se."

Ms. Brooke: "Chief Rainey is very approachable and I am happy to set up a meeting for you to meet with him so you can share your concerns."

Minutes unanimously approved

> **4.2 b PROPOSED RESOLUTION**: Be it Resolved that the Mental Health Board supports Crisis Intervention Training for all police officers in addition to Crisis Intervention Team members.

Unanimously approved, after wording change from "along with" in the last sentence to "as well as".

> **MENTAL HEALTH BOARD**
> **February 8, 2012**
>
> **RESOLUTION (MHB – 2012-3)**: Be it Resolved that the Mental Health Board supports Crisis Intervention Training for all police officers in addition to Crisis Intervention Team members.
>
> WHEREAS, San Francisco has the highest number of individuals who are a danger to themselves or others or gravely disabled according to the California Welfare and Institutions Code, Section 5150, of any county in California; and,
> WHEREAS, San Francisco Police Officers spend more of their shifts interacting with people with mental illness than any other county in California; and,
> WHEREAS, San Francisco has a high number of people with mental illness who are homeless, and therefore have a high likelihood of interactions with police officers; and,
> WHEREAS, the San Francisco Police Department trained nearly 1,000 officers between May 2001 and June 2010 and 98% stated that the training helps them with their daily interactions with people with mental illness, preventing situations from escalating or becoming a crisis; and,
> WHEREAS, Officers who received the training said they were better able to identify symptoms and behaviors, resulting in more accurate assessments and timely referrals to services; and,
> WHEREAS, Officers reported that their communication skills have improved as a result of the training. They feel they are able to keep a mentally ill person calm and the situation under control by talking and listening to the person; and, so therefore,
>
> BE IT RESOLVED, that the Mental Health Board recommends to the Police Commission, the Board of Supervisors, and the Mayor, that the San Francisco Police Department provide all officers with the opportunity to participate in the 40 hour crisis intervention training as well as Crisis Intervention Team officers.

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board individually commends all Police Officers graduating from the December 2011 Crisis Intervention Team Training.

Ms. Argüelles: "Ms. Brooke will read one of the certificates commending the officers. Be it resolved that the Mental Health Board individually commends all police officers graduating from the December 2011 Crisis Intervention Team Training."

Unanimously approved.

There were 22 certificates handed out tonight.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: Ms. Brooke made the following announcements

- I have with me a few complimentary tickets for the board to the Blue & Orange at the Lorraine Hansen Theater. The tickets are for Thursday and Friday 2/9/2012 and 2/10/2012 respectively and am happy to pass them out.

- I would like to update the board on the program reviews. Ms. Linda Bentley just completed the Lee Woodward Counseling Center (LWCC) which provides outpatient substance abuse and mental health treatment services to women

Ms. Bentley: "The Lee Woodward Counseling Center is amazing because it is one of the two programs focused on woman's needs in the County of San Francisco. The program does outreach to pregnant women and women with children and the program has the following requests: space, resources, and food."

Ms. Brooke: "San Francisco Mental Health Education Funds, Inc. (SFMHEF) is now certified to give out continuing education units. SFMHEF is collaborating with the Youth Justice Institute to do three conferences this year. We have one coming up on February 29 and March 1.The Mental Health Board 2012 Retreat, may be the second Saturday of December 2012 because the room for the 1st Saturday is not available

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles: "Mr. Vinh and I met with Supervisor Elsbernd. Yesterday, Helynna and I attended the February 7, 2012 Health Commission meeting.

I also would like to let the board know that the next Health Commission meeting will be Tuesday February 21, 2012."

5.3 Report by members of the Board on their activities on behalf of the Board.

Mr. Vinh: "I spoke with Supervisor Elsbernd, and he recommended me to align with various supervisors' interests or connections with mental health issues. He also explained that the Board of Supervisors has control of only 25 million dollars while the Mayor has a 750 million dollar budget.

I also met with Barbara Garcia."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Argüelles: "The next Executive Committee meeting is Thursday, February 16, 2012 at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend."

Dr.. David Elliott Lewis: "I would like the board to invite Executive Director Gail Gilman from Community Housing Partnership (CHP) to talk about housing issues."

Ms. Bentley: "I would like to do a survey of the 2011 board retreat."

5.5 Public comment

No public comments.

ITEM 6.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:32 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, March 14, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: OVERVIEW OF PUBLIC MEETING AND PUBLIC RECORD LAWS, VIRGINIA DARIO ELIZONDO, DEPUTY CITY ATTORNEY, CITY AND COUNTY OF SAN FRANCISCO
For discussion.

3.1 Presentation: Overview of Public Meeting and Public Record Laws, Virginia Dario Elizondo, Deputy City Attorney, City and County of San Francisco

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 a. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of February 8, 2012 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it Resolved that the Mental Health Board Commends the City College Mental Health Certificate Peer Program

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MENTAL HEALTH BOARD
March 14, 2012

RESOLUTION (MHB- 2012-04): THAT THE MENTAL HEALTH BOARD COMMENDS THE CITY COLLEGE MENTAL HEALTH CERTIFICATE PEER PROGRAM FOR ITS EXCEPTIONAL TRAINING FOR MENTAL HEALTH WORKERS

WHEREAS, the City College Mental Health Certificate Peer Program, based on the wellness and recovery model, empowers students to use their experiences to advocate for others; and,

WHEREAS, in response to community needs and with the collaboration of the City College of San Francisco, the Community Mental Health Worker Certificate was developed; and,

WHEREAS, students develop certain skills to keep their mental illness manageable so they can be self reliant and live independently; and,

WHEREAS, students are empowered to use their experiences to advocate for others and students are encouraged to develop employment skills needed to become gainfully employed; and,

WHEREAS, the program creates a very conducive learning environment fostering a person's strengths to help students restore their health and wellness; and,

WHEREAS, students develop their own recovery methods that speak to their cultures; and,

WHEREAS, a team of graduates, the Peer Care Management team, helps new in-coming students acclimate to the program; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco commends the City College Mental Health Certificate Peer Program for its exceptional training for mental health workers.

Edwin Lee
Mayor

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Unadopted Minutes

Mental Health Board

Wednesday, March 14, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, Vice-Chair; David Elliott Lewis, Ph D, Secretary; Linda Bentley; Kara Chien;; Lynn Fuller; Noah King III; Virginia S. Lewis, LCSW; Terence Patterson, EdD; ABPP, and Alphonse Vinh.

BOARD MEMBERS ON LEAVE: Sgt. Kelly Dunn; Wendy James; Alyssa Landy; Lena Miller, MSW; and Errol Wishom.

BOARD MEMBERS ABSENT: none

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Virginia Dario Elizondo, Deputy City Attorney with the City Attorney's Office; and LaVaughn Kellum King.

CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:36 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report"

Ms. Robinson: "Unfortunately I have another meeting tonight. So I will give the board a quick summary.

Just this afternoon I learned that the CASRA (California Association of Social Rehabilitation Agencies) is putting on a two-day conference from April 11 to April 12, 2012 at the San Mateo Marriott in San Mateo, CA. It is their spring conference and very popular with staff and clinicians."

According the latest information on the 2012-2013 budget, revenues are up while deficits have reduced down from $250 million to about $170 million.

Community Behavior Health Services (CBHS) is collaborating in the Advancing Recovery Practices (ARP). Ocean Mission Ingleside (OMI) Family Center and Citywide Forensics Case Management are San Francisco participants in the ARP.

Clients in the ARP are being transitioned out of Citywide Intensive Case Management to the South of Market clinic. Citywide is collaborating with the University of California in San Francisco (UCSF). We are helping clients step down from wrap around case management because many of them are relying less on the full service partnership. These clients just want supportive recovery, independence and self-determination in their wellness and recovery.

The California Institute of Integral Studies (CIIS) in San Francisco just offered the new George R Moscone scholarship to Department of Public Health employees, and people who are interested in the scholarship can meet with CIIS representatives on Thursday February 15 at 1380 Howard Street on the 4th Floor for more information. Or they can go to www.ciis.edu site.

Three-years of data from the Avatar is providing more information to CBHS to evaluate programs' efficacy. We are analyzing data in the Children Assessment of Needs and Services (CANS) and the Adult Needs and Service Assessment (ANSA). We are looking at the most effective treatments and are working with clients to help them determine their own personal plans of care, rather than the "marry for life" concept that has been practiced for years Clients are in the best position to know what services are working for them, and they should be able to define their own needs and wants. We only intervene when clients have met the 5150 criteria. Having many peer specialists is really helping this goal.

For all civil service programs, I would like to see at least two peer specialists or family members in them. I also would like to see children come to share their experiences with us."

Dr. David Elliott Lewis: "Can you clarify on the 'marry for life' concept?"

Ms. Robinson: "Some people in our outpatient clinics have been there for at least 15 years. We support client training and recovery."

Ms. Bentley: "What have you found in the CANS and ANSA data?"

Ms. Robinson: "So far our electronic record data told us that we have about 7,000 clients in the system.

Our next phase is evaluating treatment efficacy. For the adult system we just started with the Avatar in July 2010. But for the children's system we have about three years of data to sift through.

A part of efficacy is responding to clients' needs. We have clinicians who have been in our system for a long time and who have different perspectives on care. However, our new clinicians are teaching us about the client "centric" care, because clients are telling us how well we serve their needs and they define what they need and want from us!"

Please see the attached March 2012 Director's report.

Monthly Director's Report
March 2012

1. CBHS Participates in CiMH Learning Collaborative - Advancing Recovery Practices

The CiMH Learning Collaborative (LC) is a 13-month structured learning system, that brings together teams from behavioral health sites across California to advance improvement in a focused topic area. Currently underway, the Advancing Recovery Practices (ARP) collaborative is designed to support counties to identify, pilot test and evaluate innovative ways to increase access, system flow and capacity, with the goal of facilitating clients' transition through stages of recovery and out of the public mental health system toward more meaningful lives in their communities. The LC model strongly encourages consumer, family and peer participation in all aspects of the collaborative.

Two of the 17 ARP teams are from San Francisco. Citywide Forensics Case Management has partnered with South of Market Mental Health and OQM to facilitate adult clients' advancing recovery by increasing successful transitions from the Full Service Partnership programs into outpatient services with meaningful connections to community supports. Toward this end, the LC will implement and evaluate a client-centered, recovery-oriented, data-supported graduation criteria and process that seeks to optimize and support clients' recovery, independence and self-determination.

The OMI Family Center and CBHS Leadership comprise the second ARP team which seeks to improve service capacity and quality of care for adult outpatient clients by ensuring that treatment is aligned with a client's recovery goals. Educating clinicians in a "hope-centered approach" will help clients identify what recovery looks like for them based on their strengths and life goals. OMI staff will also test a model designed to reduce dependency on the clinic as primary support and build community engagement and integration.

The LC kicked off in January and will run through February 2013. Findings from the LCs will be shared with the CBHS community and adopted as appropriate to other programs in System of Care. For more information, please contact Diane Prentiss (diane.prentiss@sfdph.org) or Deborah Sherwood (deborah.sherwood@sfdph.org), or go to: http://www.cimh.org/Portals/0/e/Performance%20Report%20Printing/CiMH%20Change%20Methods.pdf to read more about CiMH Change Methods.

2. Community-Based Opioid Overdose Prevention Programs Providing Naloxone

Please go to this website to report on community-based opioid overdose prevention and naloxone distribution programs in the US from 1996-2010.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm?s_cid=mm6106a1_w

3. First Graduation of Mental Health Certificate Program

The Community Mental Health Certificate's first graduating cohort was comprised of 15 graduates who will walk across the stage on Friday May 25, 2012 at the Diego Rivera Theater of City College of San Francisco. Four graduates became employed during their internship placement and all graduates have made significant contributions to the work in the community. The current cohort has 26 students who will begin internship in the Fall of 2012. The CMHC continues to infuse the latest developments of wellness and recovery into their curricula. And that we thank our communities, families, individuals with lived experience, stakeholders, partners, and DPH for their continued support and trust.

4. "Spice" Drug and Kidney Failure

http://trib.com/news/local/casper/wyoming-spice-smokers-hospitalized-with-potential-kidney-failure/article_37639432-164f-52dc-9c58-c5f27b2b6224.html

Attached is a link to an article published recently in the Casper, Wyoming Star -Tribune about 14 individuals, including one high school student, who became sickened and were recently hospitalized with potentially life threatening conditions- including kidney failure- after smoking a substance called "BlueBerry Spice".

"Spice" products are often marketed as "legal drugs" and may be sold over the internet or in head shops- the substance is usually a plant material that has been sprayed with chemicals to mimic the effect of THC, the active ingredient of Marijuana. It is difficult for federal and state laws to keep pace with newly developing chemical combinations, so oftentimes the chemical compositions in these substances may technically be legal.

One of the dangers is that purchasers may assume a "legal" substance is safe to use- when in reality the Drug Enforcement Agency (DEA) has recently classified five chemicals commonly used in "Spice" products as Schedule 1 controlled substances that have no accepted medical use and have high abuse potential.

Parents, schools, and substance abuse prevention and treatment programs should be aware of the potential damaging effects of these substances.

5. CESAR FAX: Reasons Why Those Who Need Treatment Do Not Receive It

Attachment 1 is the most recent issue of the CESAR FAX, which is also available online at http://www.cesar.umd.edu/cesar/cesarfax.asp. CESAR FAX may be copied without permission. Please cite CESAR as the source.

6. Suicide Prevent Survey

San Francisco Suicide Prevention is trying to add **text** services and expand **chat** services on our website, for people who are in crisis and feeling suicidal. To do this, we need as many responses to our 5-minute survey (link below) as possible, in order to justify adding new services and funding in addition to the phone hotline.

We need your help in garnering as many responses as possible so that we can get an accurate picture and needs-assessment of potential services.

We hope you will help us by sending the following survey-link to as many people as possible. http://survey.communitymarketinginc.com/se.ashx?s=359D342B1ADADE0B

The survey takes only 5 minutes. We are trying to gather information from as many people as we can, Bay Area-wide.

Feel free to contact or to encourage others to contact me, with any questions, at outreachcoordinator@sfsuicide.org.

You can also reach Michelle Thomas, Development and Communications Director, at michellet@sfsuicide.org.

7. Update on Realignment and Restructuring of State DMH and ADP

Passage of state budget bills last year (including AB100, AB102, AB106, AB109 and AB118, AB x1 16) and Governor Brown's recently released proposed budget will have a significant impact on the way counties receive funding for local mental health and substance abuse programs, and on how the state organizes and provides oversight for these programs.

The basic principle of the Realignment legislation is that state funding for mental health and substance abuse programs is shifted from State General funds (SGF) to an allocation linked to sales tax revenues. These funds are sent directly to counties to support programs prioritized at the local level, thereby reducing the role of state government in distribution and monitoring of the funding. The legislation also called for many of the functions of the state Department of Mental Health to be moved to the Department of Health Care Services (DCHS), following a stakeholder planning process that took place over the summer. All Medi-Cal (both Short-Doyle and Drug Medi-Cal) funding and administration has been or will be moved to DHCS by July 1, 2012.

The Governor's current proposed budget continues the process of proposing to move the functions of DMH and ADP to other state departments, eliminating both as independent departments that report to the Governor. DHCS has proposed that these two entities be merged into a division of Mental Health and Substance Use Disorders Services Administration within DHCS, lead by a Deputy

Director reporting directly to the DHCS Director. Separate subdivisions of Mental Health and of Substance Abuse would report to the Deputy Director.

Specific Changes for DMH

For FY 2011-2012, AB100 amends the Mental Health Services Act (MHSA) to allocate, on a one-time basis, funding for the EPSDT program Medi-Cal specialty mental health managed care, and mental health services to SED students. Separate legislation transferred the federal mandate for these services back to school districts.

As of July 1st, 2012, AB 100 and AB102 transfer from DMH to DHCS the state administrative functions for Medi-Cal Specialty Mental Health Managed Care, EPDST, and applicable function related to federal Medicaid requirements. The transition plan for this process was provided to the legislature October 1, 2011; final updates to this plan are due no later than May 15, 2012. This plan included the following issues raised by stakeholders: 1) That DHCS improve business practices, 20 That DHCS assure access and improve services, and 3) that DHCS ensure stakeholder participation.

The Governor's budget includes the following proposals for community mental health:

- Eliminate DMH, transfer specific functions and positions to DHCS and other state departments (see below)
- Establish the Department of State Hospitals to provide long-term care and services to individuals with mental illness at state hospitals
- Provide a permanent funding structure for 2011 Realignment (Medi-Cal specialty mental health managed care plan services and EPSDT)
- Transfer the following to DHCS:
    - Financial Oversight
    - Certification Compliance/Quality Improvement
    - County Data Collection and Reporting
    - Co-Occurring Disorders
    - Veterans Mental Health
    - Projects for Assistance in Transition from Homelessness (PATH)
    - Training Contracts- California Institute for Mental Health (CIMH)
    - California Health Interview Survey (CHIS)
    - SAMHSA Block Grant
    - Policy Management
    - Administrative Staff- Accounting
    - IT
    - California Mental Health Planning Council
    - Mental Health Services Act
        - Financial oversight of MHSA funds and data collection for FSPs
        - State Level Issue Resolution
        - Statewide Projects (Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction Project)
        - Housing Program

Transfer the following to the Department of Public Health:

- Office of Multicultural Services- Create Office of Health Equity

- Disaster Services and Response

Transfer the following to the Department of Social Services:

- Licensing/Quality Improvement (Mental Health Rehabilitation Centers, Psychiatric Health Facilities)

Transfer the following to the Department f Education:

- Early Mental Health Initiative

Transfer the following to the Office of Statewide Health Planning and Development:

- MHAS Workforce Education and Training (WET)

Transfer the following to the Mental Health Services Oversight and Accountability Commission:

- Training Contracts
  - Consumer groups
  - MHAS Technical Assistance
  - MHSA Program Evaluation

Specific Changes for ADP

The Governor's budget for 2012-13 includes the following proposals for substance use disorder services:

- Provide a permanent funding structure for 2011 Realignment programs (Drug Medi-Cal, No Drug Medi-Cal, and Drug Courts).
- Eliminate ADP and redirect funding and positions to other departments (see below)
- Transfer the following functions to DHCS:
  - Administration of SAPT Block Grant and other SAMHSA Discretionary Grants
  - Data Collection, Reporting and Analysis
  - Statewide Needs Assessment and Planning
  - Program Certification
  - Technical Assistance and training
  - Substance Abuse Prevention activities
  - Resource Center
  - Parolee Services Network

- Transfer the following functions to the Department of Public Health:
  - Counselor Certification
  - Narcotic Treatment Programs
  - Driving Under the Influence Programs
  - Office of Problem Gambling

- Transfer the following functions to the Department of Social Services:
  - Program licensing- residential non-medical AOD treatment services

The State Assembly and Senate Health Committees held a joint hearing to review the proposed restructuring and related budget initiatives on February 21, 2012. Departmental and Expert panels

made presentation about the proposals, and stakeholder testimony was heard. Additional hearings are likely to be held within in the next few weeks.

8. HOUSING FIRST FIDELITY REPORT: UCSF/CITYWIDE
UCSD Research Project

UCSF's Full Service Partner is participating in a UCSD research project. Members of the fidelity team completed a baseline Pathways Housing First ICM fidelity assessment of the UCSF/CITYWIDE Program. The findings are both interesting and encouraging.

Site	Date	Fidelity Team	Time
San Francisco-Citywide FSP	8/12/2011	Juliana Walker, Ana Stefancic, Marion Katz, Neil Gong, Sam Tsemberis	8:00am -4:00pm

Data Sources: For ICM team
Program Meeting Observations: Team observed the weekly case review meeting
Staff Interviews: Psychiatrist, 3 ICMs, Employment Specialist, Employment Director, LVN, 2 Clinical Supervisors, Program Director
Focus Group: Attended by UCSF Citywide ICM program participants
Chart Review: 10 charts were reviewed including latest treatment plan, assessments, and progress notes for the month of July.

Overall Summary:
For housing choice and structure, The ICM team is very supportive and committed to the need for providing housing as quickly as possible. Unfortunately, the options for housing are limited to choices most of the participants would not choose if there were other options available. The staff acknowledged that most people's first choice for housing is an independent apartment that is located outside of the Tenderloin neighborhood. The predominant housing options are a range of single room occupancy hotels, which have varying degrees of case-management staff on site. The majority of these SRO's are located in the Tenderloin area, which is fairly segregated from the mainstream society. Both staff and clients admit that this type of housing is not ideal, that it may undermine the client's process of recovery and the services provided by the team. It can be a difficult situation as participants are receiving recovery-oriented quality-care, but developing a new sense of identity and hope may be stymied by participants' returning to housing environments that they have experienced before or that are not conducive to recovery. Given the constraints of housing choice, the team is committed to finding the best option for the person they are working with, and to soliciting input and feedback from the client.

For separation of housing and services, the program is clearly dedicated to removing barriers for participants to obtain and maintain their housing given the limited housing choices available. The program does not have any treatment contingencies for housing; they flexibly provide services in the community or in the office, though the majority of activities seems to happen in the office. The team is located off-site from participants' residences, but most of the available housing choices have staff on-site. A strength for the team is how they continue to work with individuals who are experiencing

housing disruptions. The team has re-housed several participants and understands the importance of providing participants with new opportunities to achieve housing stability.

In the **domain of service philosophy**, staff are attuned to participant preferences and approach service delivery from the perspective of deep acceptance of the person and a keen awareness of their needs. In line with this approach, they do not have treatment requirements. However, because all of their clients are coming from the criminal justice system, the team may have to work within treatment constraints imposed by the court (e.g., agree to follow a very specific treatment plan, or complete residential treatment before obtaining other housing). The team's practice is influenced by a harm reduction approach and a unique aspect of behavioral health court program is that it too operates from a harm reduction perspective.

For **service array**, this team has an amazing range of services available to participants. The team understands stages of change and cognitive behavioral therapy techniques. They have also been trained in Dialectical Behavioral Therapy. The team is also offering numerous groups each day, on a range of topics, many suggested by the participants they are serving. In addition, Citywide operates an incredible supported employment program that has helped many people find employment. Employment is something everyone on the team is focused on and is supportive of.

In terms of **program structure**, the team seems connected and has a strong team approach even though they utilize an individual caseload structure. Program meetings occur regularly and convey important information, allowing staff to maintain familiarity with each other's caseloads and to brainstorm strategies for any challenges. The program's "town-hall"-type meeting is an excellent venue for participant representation and the team may build off this for other formal opportunities for participant input (e.g., consumer advocates, participants as peer co-facilitators, etc.). In essence, while the team operates along an ICM model, there are many features that overlap with an Assertive Community Treatment approach resulting in a strong blend of ACT & ICM.
What follows are the fidelity items along with a description of how the program operates along each item. We appreciate how accommodating, open and forthright the ICM team members were during the fidelity visit. We compliment them for their commitment to supporting participants given the various housing difficulties that they are facing, and are impressed by their understanding and support of recovery principles and practice.

For inquiries or comments regarding this report, please contact:
Pathways to Housing:
Juliana Walker julianawalker@pathwaystohousing.org & Ana Stefancic stefancica@aol.com

For inquiries or comments regarding the research project, please contact:
UCSD:
Todd Gilmer, PhD tgilmer@ucsd.edu, Principal Investigator

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comments.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update

Ms. Argüelles: "Jo, are there any Mental Health Services Act Updates not included in your report?"

Ms. Robinson: "The Innovation training is the one we are sending a lot of staff to for training.

Tomorrow, March 15, is a MHSA boot camp in Sacramento at 10 AM and the meeting is open to the public.

The oversight board is no longer reporting to the Department of Mental Health (DMH). This means reinforcing MHSA guidelines.

I also would like to announce that LaVaughn Kellum King was hired recently under the MHSA as a SF City employee. She will focus on the area of mental illness stigma in Bayview clients."

Dr. David Elliott Lewis: "There have been talks about MHSA reallocation of money. Do you know anything more about that?"

Ms. Robinson: "I will know more about that tomorrow."

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATION: OVERVIEW OF PUBLIC MEETING AND PUBLIC RECORD LAWS, VIRGINIA DARIO ELIZONDO, DEPUTY CITY ATTORNEY, CITY AND COUNTY OF SAN FRANCISCO

3.1 Presentation: Overview of Public Meeting and Public Record Laws, Virginia Dario Elizondo, Deputy City Attorney, City and County of San Francisco

Ms. Argüelles: "I would like to introduce Virginia Dario Elizondo, Deputy City Attorney with the City Attorney's office. She will provide an overview of public meeting laws and public record laws and she is happy to answer any of our questions."

Ms. Elizondo: "The Mental Health Board is a policy body that is created by California laws, and the board is governed by two legislations: the California Brown Act and the San Francisco Sunshine Ordinance.

These govern how the board conducts meetings. For example, these acts mandate that the board must give a 72-hour public notification to schedule meetings. The announcement is posted at the San Francisco Public Library's Government Information Center that provides free access to

government documents and to materials on public policy, and the clerk's office for the Board of Supervisors, and on the Mental Health Board website."

Mr. King III: "There are hour restrictions to prevent the public from seeing the notice at the library."

Ms. Elizondo: "The library opens seven days a week to give the walk-in public access to information; the library usually has on-line postings for ease of access.

The MHB is a policy body just as any San Francisco Chartered groups or committees that are also subject to the same rules.

The exception to the 72 hour public notification requirement is in a purely social event so long as members are not discussing any policy issues. Another exception is a working group of a department conducting a passive meeting does not require the notification."

Ms. Bentley: "Even an Executive meeting constitutes a public meeting?"

Ms. Elizondo: "Correct. Even a social gathering following right afterward still constitutes a meeting if a majority of the board members are gathering."

Ms. Bentley: "What about forming a subcommittee to discuss issues?"

Ms. Elizondo: "It is still considered a public meeting because the subcommittee would be interpreted as a policy working body. As long as the meeting is properly noticed, failure to receive a meeting notice through the postal system does not invalidate the meeting."

Mr. Lewis: "What about an ad-hoc committee of 2 or 3 people who get together to collaborate on a website discussion."

Ms. Elizondo: "I will address your questions in a few minutes."

Ms. Brooke: "We have posted notices on the San Francisco City's website, for which we have no web administrative access that sometimes disappeared later."

Ms. Elizondo: "Only agendas are required a 72-hour notice. I've discovered minutes including attachments disappear as well from the City's website. I encourage you to contact the Information Technology department to make sure documents don't disappear."

Mr. Joseph: "Can you talk about a situation when two people get together to improve a website?"

Ms. Elizondo: "It is one thing for two people to get together to talk about website ideas between themselves. But it is another if the discussion leads into a seriatim (in series) meeting.

What board members need to be careful about is the chain-letter effect because it is very problematic even if the communication is not deliberate since the two-person discussion could accidently become a serial meeting.

For example, in social media, one person commented on another person's face book wall. This comment is viewed by other board members who decided to chime in. Then, this is when you run afoul with the law!"

Ms. Bentley: "First, does number matter? Second does it matter if the discussion is about mental health issues or about administrative matters?"

Ms. Elizondo: "Number does matter because quorum is needed in a meeting.

It is okay when two people casually explored a board issue over coffee; presumably they bring that issue back to the board, which is a policy body, to take a specific action."

Dr. David Elliott Lewis: "What if people just discuss a website format itself not specific content?"

Ms. Virginia: "Even though the discussion does not violate the policy it still violates the spirit of the laws!"

Dr. Patterson: "What about giving someone a ride home after a meeting, and we discussed an issue from the meeting between us then call another member to share our talk?"

Ms. Elizondo: "It is inadvisable; because that is something that we need to be careful about as it would lead to a seriatim meeting."

Ms. Chien: "What about two people working on something then they report that back to the board?"

Ms. Elizondo: "Here is the differentiation between a workgroup and a committee. A two-person voluntary workgroup on a website is not the same as a committee if it is not created by the board.

A vote from a committee, which is a decision body, is required in a formal setting in order for a decision to be made. Electronic communication like texting, telephoning or email forwarding among members is inadvisable.

Having the secretary acting as a communication facilitator among board member is necessary to avoid violating the spirit of the laws.

Let us talk about the importance of the agendas. Agendas are not only to notify the time and place of the meeting but the content too, because the public interest in a specific contents determine if they want to attend the meeting.

For example, action items are important. The public must be afforded the opportunity through the agenda to decide whether or not they want to hear a presentation and whether they want to make a comment on an action item.

Effectively restricting what may be discussed in a meeting is an agenda. An ad-hoc discussion or a non-agenda issue cannot be taken as an action item. For example, a resolution is an action item that must be listed on the agenda before board members can take a vote, provided there is a quorum, or the action will be invalidated!"

Ms. Brooke: "Mental Health Services Act (MHSA) updates often require a 30-day notice. The board must hold a hearing to give the public an opportunity to hear one of the six components of MHSA before the board can take actions."

Ms. Elizondo: "Public comment gives the public the opportunity to share their views before actions can be taken by a decision body. Usually a three-minute time limit is advised but a shorter time like two minutes have occurred.

Equal time is honored for each public speaker. For example, if 200 public members want to make comments on a controversial issue then the board must stay, even if it means the board must stay the whole night and into the early morning hours of the next day to listen to all the public comments. If public comment goes beyond a reasonable time, the meeting can be continued.

Although the MHB is not required to record or preserve any audio, it is mandatory that the board keep records of actions taken for a certain time frame. This time frame does get updated; I will let Ms. Brooke know about the current record retention period when I get back to my office.

Let's talk about penalties. For example, willful or deliberate violation could result in criminal prosecution and official misconduct can be charged as a misdemeanor. For example, a closed session meeting to exclude the public presence is a violation; exceptions are personnel matters or attorney-client privilege discussions."

Dr. David Elliott Lewis: "What are other types of sanction?"

Ms. Elizondo: "In San Francisco we have the Sunshine Task Force which is created by the Sunshine Ordinance. The Sunshine Task Force can adjudicate a matter.

One of the penalties is the Sunshine Task Force can require a redo on an action item.

On a serious matter, a court could issue an injunction and boards would be held accountable for financial liabilities. In willful violation, referrals are made to the San Francisco Ethics Commission, which could bring about official misconduct charges against an individual or the whole board.

The form 700 is Conflict of Interest and is not required of the MHB."

Ms. Fuller: "What about proxy meetings via Skype, or other telephone technologies?"

Ms. Elizondo: "Unfortunately, the interpretation of the law mandate physical presence because it is essential to a board function. No virtual-presence is allowed!"

Dr. David Elliott Lewis: "What does it take to make the change?"

Ms. Elizondo: "The Board of Supervisors is required for such an amendment."

Mr. King III: "Does this apply to public comments via the Internet?"

Ms. Elizondo: "The ordinance is still behind technologies. The last amendment was in 1999. The Brown Act would allow newer technology to be part of open meetings. They do allow teleconferencing but every location where it is teleconferenced has to be open to the public!"

Ms. Fuller: "I appreciate your presence and clarifying these issues. I guess it's okay to have two board members working as a work-group then report their findings back to the board which is the policy body."

Ms. Elizondo: "The board is welcome to work with staff directly but not collaborate among themselves without public notification because it would constitute 'corruption'. Policies affect people just as much as money does!"

3.2. Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 08, 2012 be approved as submitted.

Minutes unanimously approved.

4.2 b PROPOSED RESOLUTION: Be it Resolved that the Mental Health Board Commends the City College Mental Health Certificate Peer Program.

Ms. Argüelles: "Ms. Brooke will read the proposed resolution commending the City College Mental Health Certificate Program. If there are any proposed changes we will vote on them first. If there are no changes. Be it Resolved that the Mental Health Board Commends the City College Mental Health Certificate Program."

RESOLUTION (MHB- 2012-04): THAT THE MENTAL HEALTH BOARD COMMENDS THE CITY COLLEGE MENTAL HEALTH CERTIFICATE PEER PROGRAM FOR ITS EXCEPTIONAL TRAINING FOR MENTAL HEALTH WORKERS

WHEREAS, the City College Mental Health Certificate Peer Program, based on the wellness and recovery model, empowers students to use their experiences to advocate for others; and,

WHEREAS, in response to community needs and with the collaboration of the City College of San Francisco, the Community Mental Health Worker Certificate was developed; and,

WHEREAS, students develop certain skills to keep their mental illness manageable so they can be self reliant and live independently; and,

WHEREAS, students are empowered to use their experiences to advocate for others and students are encouraged to develop employment skills needed to become gainfully employed; and,

WHEREAS, the program creates a very conducive learning environment fostering a person's strengths to help students restore their health and wellness; and,

WHEREAS, students develop their own recovery methods that speak to their cultures: and,

WHEREAS, a team of graduates, the Peer Care Management team, helps new in-coming students acclimate to the program; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco commends the City College Mental Health Certificate Peer Program for its exceptional training for mental health workers.

Resolution unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: Ms. Brooke made the following announcements

- On Monday March 19, 2012 from 5:30 PM to 7:30 PM the San Francisco Mental Health Board and Community Wellness Partners will host a public forum on the Center for Youth Wellness. The proposed center would be a one-stop clinic as envisioned by Dr. Nadine Burke Harris who did a board presentation about a year ago. It would be great if board members can show up to the Southeast Community Facility – Alex L. Pitcher Room on 1800 Oakdale Avenue, San Francisco.

- The California Association of Local Mental Health Boards and Commissions (CALMHB/C) is the statewide organization is holding its 2012 CALMHB training, which supports the work of local mental health boards, in Los Angeles April 21, 2012. The training is opened to all board members but they will only reimburse the expenses for one member to attend.

- Lynn Fuller has said the 101 Mental Health Board informational webinar meeting was great.

- The Lyon Martin program review is scheduled for next Thursday with Kara Chien, Virginia Lewis.

- The non-profit San Francisco Mental Health Education Funds, Inc. (SFMHEF, Inc) meeting is tomorrow at 6:00. This meeting is not restricted by the Sunshine ordinance. Right after the meeting is the Executive Meeting at 6:30 PM.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles: "I did a program review of the Behavior Access Community (BHAC) Program and I was very impressed with the work being done

I met with staff of Supervisor Eric Mar who had cancelled the one-on-one meeting with Alyssa Landy and myself. because he had last minute meeting. Dr. Patterson and I also met with Supervisor David Campos.

The California Association of Local Mental Health Boards meeting is in Los Angeles April 21st. Board member would fly down on Friday April 20th for the Saturday April 21 CALMHB/C meeting then fly up to San Francisco on Sunday April 21st. You will meet other board members. The CALMHB/C will pay for the expenses of one person. I can't go so I am offering it to the Vice Chair, then Secretary. If neither of those can go, we will offer it up to any board member who is interested. If more than one person is interested we will put names in a hat. We do need a commitment, ideally tonight so that reservations can be made. You must make your own airline reservations and you will be reimbursed by the state in about 30 days."

5.3 Report by members of the Board on their activities on behalf of the Board.

Dr. Patterson: "I did a program review at Mission Family Center with Wendy James and Loy Proffitt. I was very impressed with the program for taking walk-in clients, for being so dedicated to clients' needs regardless of their immigration status, including accepting out-of-county clients provided these clients can come to the program and participate in activities. Staff and directors were very responsive , and they did request supplies for children. Clients mentioned that they were very satisfied with the program.

As mentioned earlier by Lara, she and I met informatively with Supervisor Campos. The University of San Francisco is now participating in community partnerships."

Ms. Bentley: "I met with Supervisor President David Chui. He seemed very gracious. He was very receptive to the Lee Woodward Counseling program that I did a program review of."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Argüelles: "The next Executive Committee meeting is Thursday, March 15, 2012 at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend."

Ms. Bentley: "Helynna has done a great job at bringing in guest speakers. I, however, would like to get more public involvement.

Dr. David Elliott Lewis: "I would like to confirm our guest speaker Gail Gilman for the June 2012 meeting."

Mr. Vinh: "I would like to explore mental health issues in the elderly population who seem more reticent to advocate for themselves for mental health care."

Ms. Fuller: "After attending the recent 101 webinars covering annual reports, I would like the board to put together a working group to help with writing annual reports from formatting to content editing."

5.5 Public comment

Ms. King: Ms. LaVaughn King announced that her son Noah King III, who is on the board, attended the Southeast Community College Conference today, and that she will be speaking to a consumer group about mental health care and services to family members.

ITEM 6.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:50 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, April 11, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: IMPACT OF VIOLENCE ON THE MENTAL HEALTH OF YOUTH IN THE SOUTHEAST SECTOR OF SAN FRANCISCO, LENA MILLER,

MSW, MENTAL HEALTH BOARD MEMBER, EXECUTIVE DIRECTOR, HUNTER'S POINT FAMILY AND GIRLS 2000.

For discussion.

3.1 Presentation: Impact of Violence on the Mental Health of Youth in the Southeast Sector of San Francisco, Lena Miller, MSW, Mental Health Board Member, Executive Director, Hunter's Point Family and Girls 2000.

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 a. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of March 14, 2012 be approved as submitted.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

City and County of San Francisco
Department of Public Health
COMMUNITY HEALTH CARE

Mayor Edwin M. Lee

Jo Robinson, MFT
Director
1380 Howard Street, 5th floor
San Francisco, CA 94103
(415) 255-3440
FAX: (415) 252-3079
Jo.Robinson@sfdph.org

Monthly Director's Report
April 2012

1. Employee Budget Challenge

Dear City and County of San Francisco Employees,

I am happy to announce the launch of the **Employee Budget Challenge**!

Over the next two weeks, I'm looking for your best ideas to help save money and make our city's government more efficient.

As you well know, government agencies across the country are wrestling with deficits and the pressure to do more with less. While San Francisco's revenues are improving, we still face significant budget deficits, and Federal and State reductions are increasing the demand for our services. This year, for the first time, we will submit a two-year balanced budget, which will require us to close budget shortfalls of $170 million in Fiscal Year 12-13 and $312 million in Fiscal Year 13-14.

This financial challenge demands our most innovative ideas to bring our City into fiscal balance while continuing to provide the effective, quality services that are vital to our community.

I began my career as a City employee over twenty years ago. I know that City employees are on the front lines of delivering service to the public, and, as a result, have some of the best ideas on how we can improve the way we do our work.

Please join me and your colleagues at **http://ideas.sfgov.org** to:

- **Submit your best ideas**
- **Comment on other people's cost-saving ideas**
- **Vote on your favorite ideas**

Submitted ideas will be considered by a review panel led by my Budget Director, Kate Howard, and Supervisor Carmen Chu, Chair of the Board of Supervisor's Budget and Finance Committee. The top ideas will be considered for implementation and the employees who submit them will be recognized.

Now is the time to share your best suggestions – no idea is too big or too small!

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Mayor

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Community Behavioral Health Services is pleased to announce that Ken Epstein will be joining the Community Behavioral Health Services team. As the Director for the Children, Youth and Families' System of Care, Ken will be part of CBHS's executive team. He has a MSW from UC Berkeley and is in the process of obtaining his Ph.D. from Smith College. Ken comes to CBHS with a great deal of experience and a wealth of knowledge. During his 18 year career, he has been an Executive Director, Chief of Programs, Clinical Manager, teacher, and therapist. Most of this experience was gained in children, youth and families programs in San Francisco. Please join DPH in welcoming Ken to CBHS.

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RSSE is an MHSA Innovations program whose goal is to reduce stigma and increase mental health awareness in the South East corridor of San Francisco. This programs aims at engaging the faith-based organizations and families in Bayview/Hunter Point, Visitacion Valley/Sunnydale. Services will include peer-based support groups for family members and consumers. Workshops will be ongoing and based on residents specify needs as they relate to mental health.. RSSE will have peers/consumers to present to churches, community-based organizations, and families. Additionally, they will work with faith-based organizations and families to increased mental health awareness and decrease stigma. This program will also provide advocacy and support for families in the south east of SF.

The project coordinator for RSSE is LaVaughn King. She has offices at both 1380 Howard and 1099 Sunnydale. The MHSA program manager for RSSE is Lisa Reyes.

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Recovery from Mental Disorders and Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

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Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
Community: relationships and social networks that provide support, friendship, love, and hope.

Let us all work towards CBHS's treatment programs becoming a place where recovery happens.

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Since its launch in 2002, 251 defendants have graduated from Behavioral Health Court (BHC) and, at any given time, there are roughly 130 defendants in the program. Over the last 10 years, BHC has been the subject of several studies that have supported the effectiveness of this innovative program. Highlights of these studies include a 26 percent reduction in the probability of a new criminal charge and a 55 percent reduction in the probability of a new violent crime in the 18 months after entering the program. Additionally, participants saved the criminal justice system over $10,000 during the first year of BHC as compared to the previous year. In the last year, BHC has focused its efforts on training the Judges and legal counsel about BHC by distributing

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Bayview Hunters Point Foundation's families have embraced Strengthening Families Program. When the families step through the doors of Bayview Hunters Point Youth Services, they are welcome with open hands and warm hearts. The smell of home cook meals prepared by BVHP staff fills their soul. During dinner a question is posing to open a discussion forum and each person (staff, parents, youth and children) answers. Since Bayview Hunters Point is a small community, our work has been spread around the community.

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The parents that attend Strengthening Families Program come with different kinds of issues, whether its drugs and alcohol, homeless, jobless or hopeless. Most of the time, parents are struggling to connect with their youth because of the hopelessness they face in their daily life.

Youth
Many of the youth that we deal with have emotional issues and are not living with their parents/guardian. Some of the students do not have substance abuse issues; however they come in needing support in school and helping them connect with their family.

Children
SFP provides younger children with activities that relates to the curriculum of the youth and parents.

Families
Strengthening Families Programs have helped families reconnect. Families are in need of advocates to help direct them with resources and support.

Recruitment
Families are recruited from Department of Human Services and Youth Guidance Center. Previous SFP families have recruited their friends and other community members to participate in the program.

Needs
Family advocates are important in supporting and directing families to services. Since many of the families come into SFP to learn skills and start to feel comfortable and safe with the staff, they seek help and guidance

from the team leaders. At times it can be difficult for the team leaders because they have limited time to work with the families outside of Strengthening Families Program.

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Contact: Julia Barboza, BVHP Youth Program, (415) 822-1585

8. Upcoming Trainings

I. Advancing Your MI Skills
April 19-20, 2012
9am – 4pm

Dee Dee Stout, MA
St. Mary's Conference Center
1111 Gough Street

Nationally recognized Motivational Interviewing trainer, Dee-Dee Stout, comes for 2 days of "Advancing Your MI Skills"! This interactive, fast-paced presentation will focus on "learning through experience," which is the preferred style of teaching and learning MI skills and strategies. Bring your questions and case scenarios.

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http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

SAN FRANCISCO MENTAL HEALTH BOARD

Edwin Lee
Mayor

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mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

Unadopted Minutes

Mental Health Board

Wednesday, April 11, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien; Sgt. Kelly Dunn; Wendy James; Noah King III; Alyssa Landy, MA; Virginia S. Lewis, LCSW; Lena Miller, MSW; Terence Patterson, EdD; ABPP, Alphonse Vinh; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Ellis Joseph, Vice-Chair; Linda Bentley, and Lynn Fuller.

BOARD MEMBERS ABSENT: none

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Supervisor Christina Olague, District 5; Melody Daniels, MFT, Girls 2000 of Hunters Point Family; Tonya P. Williams, MPA, Executive Director of Girls After School Academy (GASA); James Bolden; Michael Wise; Wendy Yu.

CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:45 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Argüelles: "Supervisor Christina Olague from District 5 would like attend the first part of the meeting tonight. The supervisor would like to hear ITEM 3.0 Presentation from Lena Miller so we will go to Item 3.0 first and then return to Item 1.0. ."

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report"

Ms. Robinson: "Starting on July 9, 2012, Ken Epstein will become the Director of Children, Youth and Families. For many years, he has worked at the Edgewood Center for Children and Families which provides services that are conducive to healing, wellness and recovery. . If you see him, please introduce yourself.

We talked about Ms. LaVaughn Kellum King's position last week. She is the Project Coordinator of Reducing Stigma in the Southeast (RSSE) corridor of San Francisco. RSSE provides advocacy and support for people in Bayview Hunter's Point, Visitacion Valley and Sunnydale areas.

Behavior Health Court (BHC) is going to be 10 years old."

Dr. David Elliott Lewis: "I'm from District 5 and would like to introduce Supervisor Christina Olague, who just arrived to the meeting."

Supervisor Olague: "I notice for tonight's meeting the agenda is community violence and its impact on youth. This topic has profound mental health and behavioral health effects on everyone in the Southeast Sector community.

Next Friday, April 20 the San Francisco Board of Supervisors (BOS) will have a hearing at the public safety meeting. The BOS would like to hear more about the impact of community violence on youth citywide. The hearing will help the City focus on how to protect youth and families.

I understand behavioral health and substance abuse issues, because I worked in the San Francisco South of Market area where I saw homeless people cycling through Tenderloin single residency occupant (SRO) units."

Ms. Argüelles: "As I announced at the beginning of the meeting, we will switch to ITEM 3.0 for Lena's presentation then return to Jo's report and MHSA Updates."

Please see the attached April 2012 Director's report.

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1.2 Public Comment

No public comments.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update

Ms. Argüelles: "Jo, are there any Mental Health Services Act Updates not included in your report?"

Ms. Robinson: "After hearing Lena's heartfelt presentation, I just want to make my MHSA Updates very brief. When I worked at the San Francisco jail system, I heard the same things as what I heard in tonight's presentation. As incarcerated youth were leaving the jail system, they were very afraid for their own personal safety.

Back to MHSA Updates, it looks like the state funding for MHSA for Fiscal Year 2012-2013 will increase for California counties, but there is a Republican bill to siphon off funds.

Also, Marlo Simmons will come next month to give more MHSA updates."

Dr. David Elliott Lewis: "I heard recently that the Republican bill is already DOA, dead on arrival!"

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATION: IMPACT OF VIOLENCE ON THE MENTAL HEALTH OF YOUTH IN THE SOUTHEAST SECTOR OF SAN FRANCISCO, LENA MILLER, MSW, MENTAL HEALTH BOARD MEMBER, EXECUTIVE DIRECTOR, HUNTER'S POINT FAMILY AND GIRLS 2000.

3.1 Presentation: Impact of Violence on the Mental Health of Youth in the Southeast Sector of San Francisco, Lena Miller, MSW, Mental Health Board Member, Executive Director, Hunter's Point Family and Girls 2000

Ms. Argüelles: "I would like to introduce our very own board member, Lena Miller, appointed by the Board of Supervisors several months ago to a Mental Health Professional Seat. Ms. Miller is an expert in urban youth issues and the impact of violence on the mental health of youth in the Southeast Sector."

Ms. Miller: "I would like to introduce Ms. Melody Daniels who has a master's degree in marriage family counseling, and she is a member of the staff with the Girls 2000 program.

Started in the 1980's, there was a young member murdered in the Southeast Sector community, which includes Bayview Hunter's Point (BVHP) and Visitacion Valley. Such violence in the community was very rare. After that incident, we became very alarmed with the exponential increase of murders of young people in the Bayview Hunter's Point district. Growing up during tumultuous times, I personally experienced the loss of many young people who were peers. I decided to become a social worker because, as the number of lost young lives increased, there were profound effects on the community. After earning my MSW, I worked for many years in social work before I became Executive Director of Hunters Point Family.

Violence and fear in a community often have a long lasting psychological impact on children, because their minds have not yet matured enough to help them process pain and suffering. Although still too young to understand, and too helpless, these children often have difficulty articulating themselves because they are forced to make fight or flight decisions on a daily basis. There is a strong correlation between chronic exposure to community violence and Post Traumatic Stress Disorder (PTSD) symptomatology.

There is also a lack of law enforcement from the criminal justice system. Rarely have perpetrators been convicted of murders in the past 20 years. Murderers seem to get away with impunity. Not only is there an increase in the level of fear in the community because the community is held hostage when murderers are still roaming freely, but also there is lots of anxiety as victims try to calculate their next response. When children witness community violence, they are victims too!

In their young minds, children perceive as "next time, I won't let it happen!" For example, African American boys experience constant anxiety, to the point that they are often diagnosed with PTSD. However, the sources of anxieties are being bullied around by other boys, and being challenged by the police, who are supposed to protect them from violence. No one in the community is immune to violence, and everyone, especially young people feel very unsafe!

BVHP and Visitacion Valley children learn to become aware of their community safety at a very young age, and they feel powerless when violence is prevalent in their community. Usually they become acutely aware of their own safety around 12 years old, and they have to start thinking about exit strategies when they are confronted with violence because the stakes of survival are higher for them. It is life or death! These children have had intimate experiences with death, and how everyone is connected in the community.

For example, everyone seems to have access to guns. However, people have limited access to mental health after a horrific incidence. Chronic violence is not very conducive to health because after awhile people just shut down as though they are in a cathartic state.

A map of San Francisco City programs and services created by the Department of Public Health in 2008, shows that there is a big contrast in mental health support. Within the Pacific Heights area, which is predominately white, there are many services. However, within the BVHP area, which is predominantly black, there are less than a handful of services available. This discrepancy shows the lack of social services and funding support for the BVHP community.

Resilience is perhaps the most important factor in healing and recovery. Hunters Point Family is an example of how community is self advocating for the underserved people. Community elders are reaching out to children to nurture their development and help children overcoming obstacles. They are shielding and limiting children from further violence repercussion. These kinds of community supports help children process their pains and help them survive!

The reality is children don't have the capacity to process violence like adults do. Children tend to internalize violence as their fault and don't know how to access the community for help. It is not a hopeless situation. The Community Response Network does some conflict resolution. Conflicts are often resolved through community mediators who intervene quietly and keep conflicts off the record. We have to handle matters with respect and sensitivity so that we don't get caught in the crossfire!

Now, I would like to hand the next part of the presentation to Melody Daniels."

Ms. Daniels: "Regarding Lena's talk about the Community Response Network, we need sometimes to use a kid glove approach because we may know the perpetrator.

My name is Melody Daniels. I earned my Marriage and Family Therapy degree from Golden Gate University in San Francisco. I live in BVHP and my oldest just turned 21 years old and is currently attending college. This is an achievement because it is rare for young men to make it this far in life. Often kids are overwhelmed by negative peer pressure.

I often provide therapy to families because when a family member has trauma the client's whole family, and even extended family members, need support as well. For example, a high school boy was robbed at gun point for his iPod when he was in high school. He felt less manly for turning over an iPod rather than fighting back and putting his own life at risk. He was also a basketball star. However, other kids got jealous and wanted to pull him down. So he became a target for their paintball shooting games. Instead of telling his parents what was going on, he confided to his older cousin about being robbed at gun point and being harassed in high school.

About a month after graduating from high school in early June, around July, he had an episode, a nervous breakdown! We were able to get him hospitalized, but he was not immediately recovered. Three years later he seemed to get better.

This aforementioned example illustrates what Lena said about PTSD symptomology. Mental health services are very important to the BVHP community.

Another example closer to me is about a young man who is a good friend of my daughter who has participated in the Girls 2000 program, which is part of Hunters Point Family, was shot. Even though this young man was getting emergency care for a non-fatal shot, he never received mental health services. Children become victims and start to take matters into their own hands because they feel the City ignores BVHP's violence. Since the shooting incident, he carries a gun. Since the only

services Medicaid would pay for are in the Western Addition neighborhood, this boy was not qualified for help because he lived in a different neighborhood. He is currently in jail.

When I got my MFT, I wanted to give back to my community. When young people witness violence, for example the loss of a girl or boy friend in a shooting, they need a caring adult to validate that loss and help them process feelings of grief. Without proper mental health services, consequently, they may self medicate as a way to deal with anger, hurt and pain. That is why it is important to have mental health services.

A young lady came to us today and wanted to talk. However, my time is limited to help her because I have so many other people seeking similar demands.

The community has seen so many funerals that they are now being glorified! Kids are getting stuck in an angry stage of grief because no services are available to help them process their grief. So their only means is self-medicating. Alcohol and marijuana are prevalent and used to sooth away their suffering. More services definitely could help.

Kids are in survivor mode. Not a lot of healing is happening in the community. Not only are kids suffering, so are parents and grandparents!"

Ms. Miller: "I'd like to add that the best trauma center in the nation is San Francisco General Hospital, yet the death toll doesn't accurately reflect the number of youth who have experienced violence, because SFGH doctors are able to save lives by putting people back together again!"

Ms. Daniels: "People are coming forward in BVHP but they are told by the justice system that there is not enough evidence for a murder conviction. In Sacramento, they are prosecuting and convicting killers at a higher rate. In San Francisco murderers are roaming freely in our community and are causing fear to people in the community."

Mr. King III: "Sacramento police are harassing too much. When confronted with violence, there is a fight or plight response!"

Dr. David Elliott Lewis: "Are there any services in BVHP to respond to such violence?"

Ms. Miller: "The Community Response Network is immediate for the public housing area. The agency is focusing on mental health and keeping up with daily services. What I am saying is that there is a prevalence of violence in the BVHP community. I am not talking about law enforcement. I am just talking about mental health services."

Mr. King III: "There is a turf war between communities, specifically the gang wars between BVHP and Visitacion Valley. These places are parts of the Southeast Sector. I think community elders need hands-on. I believe there is a strong need for community elders to maintain open dialogues between 94134 and 94124 communities."

Dr. Patterson: "What have you heard about the community's perception of lack of law enforcement? Is it the District Attorney, the Police and/or the Courts?"

Ms. Miller: "I have heard from some community members that there is a perception that SFPD's response urgency is predicated on the skin color of victims!"

Ms. Chien: "I used to work at Juvenile hall, and I am a lawyer working with the Public Defender's Office. What mental health services do you need?"

Ms. Miller: "I think we need as many different forms of therapy as possible from yoga, to talk therapy to aroma therapy.

Mr. Vinh: "What do you do for parents and grandparents of victims and perpetrators?"

Ms. Daniels: "We do work with the parents and grandparents who themselves often have their own mental health and substance abuse problems. We work with these parents as long as they need us, including requesting assistance from Child Protective Services (CPS). Our extended family involvement model enables us to do more."

Supervisor Olague: "The Western Addition is hurting because of recent deaths, and there is an urgent need to have mental health services for youth and families."

Ms. Daniels: "There is a myth of negligent parents to explain increasing community violence. But the reality is that many young people who were victims of violence had lovingly involved parents."

Ms. Miller: "I just want to clarify that we serve specifically high-risk and at-risk families living in public housing units."

Ms. Virginia Lewis: "How are your programs supported?"

Ms. Miller: "When DCYF was flooded with cash we got some funding. Now we don't have such funding to hire therapists. I don't know where you can get mental health therapy in BVHP.

Ms. James: "I am a consumer myself. Is there any help from public or private schools to provide peer counseling for K-12 graders?"

Ms. Miller: "Other than Phillip and Sala Burton High School, which is a middle and high school in Visitacion, I don't believe there is another one."

Ms. Robinson: "I have some contacts for San Francisco Hope."

Dr. David Elliott Lewis: "I believe supervisors can be strong advocates for the Southeast Sector community and can provide sustainable funding to support programs and services there."

Ms. Miller: "We have Dr. Nadine Burke from the medical community and we have tried the Healing Circle. No one seems to know what to do.

I believe having a summit in the Southeast Sector would invite young people, families and professionals to come up with evidence-based practices and strategies to get more funding. I believe there are about seven different things that might work."

Mr. Wishom: "It seems like mental health is the central issue, and racism itself is a mental health issue too."

Ms. Miller: "This's so big. Clinicians in the community are wondering how much crime is motivated by racism too."

Dr. David Elliott Lewis: "People just compartmentalize and become incapacitated."

Ms. Brooke: "I think if the problem were somewhere else, there would have been a sudden response and urgency like the Columbine massacre in April 1999 in the suburban town of Littleton, Colorado. One of the major unacknowledged issues is the population make up of a community. BVHP is being ignored but children from Pacific Heights receive the most resources.

Ms. Landy: "As a teacher, peer-counseling is doing great things with kids for mental health support."

3.2. Public comment

Public member: She said sometimes people hesitate to go to services. She believes they need outreach and continuity. What she finds is the myth of negligent parents. She personally has seen many of these parents who are very involved and love their children. Despite all of that, these loving parents cannot protect their children against community violence.

Mr. James Bolden: He expressed that systemic racism is part of the real problem not just mental health issues. He believes that many black communities throughout the United States don't have enough services and jobs.

He said black communities produce law abiding citizens who came from good homes but who later become drug dealers due to lack of opportunities. This is a national problem!

He said that the flip side of repression is depression for the whole community and wondered if arts can be brought back to enable black Americans to express their feelings.

Ms. Tonya Williams: She has an MPA degree and is the Executive Director of the Girls After School Academy program for the Southeast Sector. 94124 and 94134 are in the same community but they are separate. She said people are projecting their anger outward rather than inward, this is PTSD for clinicians, parents, and children. She remarked that a therapist does not do it! She believed more therapists are needed. She said we need to try multiple programs in wellness and recovery because one program is not enough.

Ms. King: "I am glad to see this is being talked about. We need to advocate for more services for 94124 and 94134. I work in BVHP or Visitacion Valley communities. I believe we need to inform clergies in these communities so they can advocate for care for their own congregation."

Ms. Miller: "I have met with Supervisor Malia Cohen and the recently appointed City Administrator Naomi Kelly about these issues."

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 14, 2012 be approved as submitted.

Minutes unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

- Program Reviews are moving along. We have done five so far. I want to say thank you to Dr. Patterson for translating the Program Reviews Client letter into Spanish. The Director of Mission Family Center said his translation is excellent.

- LifeCycle Progress: My training for the AIDS LifeCycle is going well. Last weekend I did an 80 mile bicycle ride.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles: "I did a program review on the Behavior Access Community (BHAC) Program. I was very impressed with the program and clients seemed satisfied with their treatment.

I am pleased to announce that Lena Miller will be attending the meeting in Los Angeles April 21st representing the board at the California Association of Local Mental Health Boards.

I also want to thank and appreciate Terence Patterson for translating our notices to clients about program reviews into Spanish. Dr. Patterson did a review of the Mission Family Center with Wendy James in February, but I want to highlight that he also translated the forms. The program's director said it was an excellent job.

I want to publicly thank Linda Bentley, even though she is not here tonight, for bringing a wonderful array of food to the Executive Committee meeting last month. It was truly appreciated by all.

The Executive Committee will be starting to work on the Annual Report this month and would very much like the help of other board members. Please let me know if you would like to help.

I would like to invite Mr. King III to our next Executive Meeting.

5.3 Report by members of the Board on their activities on behalf of the Board.

Ms. Landy: "I did the Edgewood program review. I was very impressed with their work with children. The campus is very beautiful. I interviewed the program director who has been there for many years. I met one client who has had four children successfully exit the program. One of her children is attending CCSF. I recommend transitional support for children coming home for unsupervised home visit. I, also, met with Supervisor Eric Mar and his legal aid. He expressed some interest in an ad-hoc committee on Laura's Law. He also expressed interest in mental health for elders."

Mr. Vinh: "When I met with Supervisor Sean Elsbernd from District 7, the supervisor mentioned that he would put together a list of mental health supporters."

Mr. King III: "I met with Supervisor Malia Cohen from District 10 recently. She was very glad to hear that the board is advocating more services and support for 94124 and 94134."

Dr. David Elliott Lewis: "MHA-SF met today. 6.4 billion dollars will be distributed to mental health cities in California rather than being distributed to the State. Cities now have direct influence on how MHSA money will be spent and supervisors can be involved in the budget."

Mr. Wishom: "I attended a press conference about medicinal cannabis in front of City Hall."

Ms. Virginia Lewis: "Kara and I visited Lyon Martin Clinic for a program review. Medical services are being provided predominantly to female transgenders. Their service model includes two years of individual therapy, which is very rare these days."

Ms. Chien: "We were very impressed with their integrated care between primary services and supportive behavior health and mental health wellness and recovery. The medical services that are provided to female transgenders is very specialized, and Lyon Martin one of the few places providing services to female transgenders in the City."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Argüelles: "The next Executive Committee meeting is Thursday, April 19, 2012 at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend."

Dr. David Elliott Lewis: "I'd like to invite Eduardo Vega to come and talk about MHSA."

Ms. Virginia Lewis: "I would like to explore barriers to service provision in the Southeast sector."

5.5 Public comment

Ms. King: "Every Thursday I facilitate the Healing Circle, and one of our clients is 89 years old."

Ms. Tonya Williams: She wanted the board to know that the Public safety meeting is Thursday April 19. 2012 that will focus on community violence.

ITEM 6.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:50 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, May 9, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 Presentation of Commendation
Presentation of Mental Health Board Resolution 2012-04 approved March 14, 2012 commending the City College Mental Health Certificate Peer Program for its Exceptional Training for Mental Health Workers

1.1 Public Comment

Item 2.0 DIRECTORS REPORT
For discussion.

2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

2.2 Public Comment

Item 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

3.1 Mental Health Services Act Updates

Mental Health Services Act Annual Update and Report: Marlo Simmons, MPH, Program Director

3.2 Public Comment

Item 4.0 PRESENTATION: GET TO KNOW THE MENTAL HEALTH BOARD MEMBERS – THEIR EXPERIENCE, THEIR EXPERTISE AND THEIR INTERESTS.

For discussion.

4.1 Get To Know the Mental Health Board Members – Their Experience, Their Expertise and Their Interests.

4.2 Public comment

Item 5.0 ACTION ITEMS

For discussion and action.

5.1 Public comment

5.2 . PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of April 11, 2012 be approved as submitted.

Item 6.0 REPORTS

For discussion and possible action.

6.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

6.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

6.3 Report by members of the Board on their activities on behalf of the Board.

6.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

6.5 Public comment.

Item 7.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

Edwin Lee
Mayor

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Unadopted Minutes

Mental Health Board

Wednesday, May 09, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien; JD; Sgt. Kelly Dunn; Lynn Fuller; JD; Wendy James; Noah King III; Alyssa Landy, MA; Virginia S. Lewis, LCSW; Lena Miller, MSW; Terence Patterson, EdD; ABPP; Alphonse Vinh; MS; and Errol Wishom.

BOARD MEMBERS ON LEAVE: none

BOARD MEMBERS ABSENT: none

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, MFT, Director of Community Behavioral Health Services (CBHS); Marla Simmons, MHSA Director; Michael Wise, Pathways to Discovery; LaVaughn Kellum King; Ursula Ann Siataga, United Playaz; John Clark, RAM; Jo Elias-Jackson, San Francisco General Hospital; Rene Porfida, City College of San Francisco; Jacqueline Ellis; Verna Chapman; Idell Wilson; and 16 public members.

CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:32 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

ITEM 1.0 PRESENTATION OF COMMENDATION

Presentation of Mental Health Board Resolution 2012-04 approved March 14, 2012 commending the City College Mental Health Certificate Peer Program for its Exceptional *Training for Mental Health Workers*

Ms. Argüelles: "I am pleased to be able to present to Dr. Sal Nunez, a commendation for the City College Mental Health Certificate Training program for Mental Health Workers that he directs. Dr. Nunez: "Receiving the commendation from the board is a big validation. I want to thank you CBHS, community leaders and City College administrators and staff for supporting our program. I also want to thank family members and students for participating in wellness and recovery."

1.1 Public Comment

No public comments.

ITEM 2.0 DIRECTORS REPORT

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms Robinson: "Good evening and welcome to the mental health month of May 2012. I have no news on the new budget at either the local or state level tonight. Perhaps, Mayor Lee and the Board of Supervisors are still ironing out budget details, they have not yet shared their budget updates with us.

I want to update you on the learning collaborative with Advancing Recovery Practices (ARP) that I mentioned in my March 2012 Director's Report. We are working hard at spreading wellness and recovery. We are educating clients on what recovery is all about. After helping people through the early acute crisis stages, we are training all staff and clients that the relationship is not for life, because clients need to keep recovering and moving on with their life. We assist clients who are going through the recovery-driven "graduation"!

I want to draw your attention to the Client Satisfaction Survey in the Director's report. The survey provided a summary of CHBS programs with over 90% Satisfaction."

Dr. David Elliott Lewis: "What was the sample of the survey?"

Ms Robison: "The Client Satisfaction Survey was conducted over a two week period."

Please see the attached April 2012 Director's report.

Monthly Director's Report
May 2012

1. **May is Mental Health Month**

The tradition began in 1949 to raise awareness of mental health issues and mental wellness for all. Today it is more important than ever to reach Californians with information about mental health.

Thank all of you for the work that you do in providing assistance to individuals that have a mental illness as they move towards wellness and recovery.

Mental health disorders are real, common and treatable.

Studies show that nearly 1 in 5 individuals in California report needing help with a mental or emotional health problem.

Compared to the general adult population, those with mental health needs had higher rates of chronic diseases such as high blood pressure, heart disease, diabetes and asthma.

Emphasizing prevention and early intervention - a "help first" rather than "fail first" approach - is fundamental to saving lives and money by increasing productivity in school, work, family and other life domains for those most at risk.

FREQUENTLY ASKED QUESTIONS: MENTAL HEALTH

What is mental illness?

A diagnosis of mental illness is made by professionals using validated indicators of psychological distress and impairment due to emotional problems. UCLA Center for Health Policy Research. *Adult Mental Health Needs in California*, November 2011, p. 51.

In common terms, mental illness can be understood as psychological distress that impairs everyday activities including work, chores, social lives, and relationships. UCLA Center for Health Policy Research. *Adult Mental Health Needs in California*, November 2011, p. 7.

How common is mental illness?

A 2005 study showed that nearly one in five (around 4.9 million) adults in California reported needing help for a mental or emotional health problem. Grant D, Kravits N, et al. Mental Health Status and Use of Mental Health Services by California Adults. UCLA Center for Health Policy Research, 2010, p. 1.

What is the difference between Mental Health and Mental Illness?

According to the World Health Organization, mental health is not just the absence of mental disorder. "It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." UCLA Center for Health Policy Research. *Adult Mental Health Needs in California*, November 2011, p. 2.

What does a diagnosis of mental illness mean?

If diagnosed but connected with services and support systems that enable their recovery, individuals with mental illness can lead productive and fulfilling lives. Research shows individuals with mental illness can attain employment rates of up to 80% with comprehensive, evidence-based employment support. California Department of Mental Health, *Stepping Up: Innovations in Career Development for California Mental Health Consumers,* May 2010, p. 11.

What does stigma mean?

Stigmas are misperceptions about people that lead to discrimination and other negative consequences. Stigma may be obvious and direct, such as someone making a negative remark about mental illness or treatment. Stigma may also include assumptions that people with mental illness could be unstable, violent or dangerous because they have a mental health diagnosis. Mayo Clinic: Overcoming the Stigma of Mental Illness: http://www.mayoclinic.com/health/mental-health/MH00076

Why does stigma matter when it comes to mental health?

Stigma can lead to discrimination at work or schools, bullying or harassment, denial of health coverage for mental illness, etc.

Stigma can prevent people from seeking help or set back their recovery. Mayo Clinic: *Overcoming the Stigma of Mental Illness,* n.d. http://www.mayoclinic.com/health/mental-health/MH00076

Prop. 63/the Mental Health Services Act puts an emphasis on reducing stigma so more people feel comfortable getting the support they need.

With public resources so stretched, shouldn't services be limited to those with the greatest need?

The fact is we need to invest in prevention and early intervention, so that more people don't have to reach a crisis point before they get help. If we don't turn things around by investing in early services when outcomes are better and costs lower, we'll never have enough money to serve everyone's needs.

Untreated mental illness affects all of us -- causing more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis. Kessler RC. Greenberg PE. Mickelson KD. Meneades LM. Wang PS. *The effects of chronic medical conditions on work loss and work cutback.* Journal of Occupational and Environmental Medicine, 2001, p. 218-225.

How common is suicide?

Nationally, suicide is the third leading cause of death among youth between 10-24 years of age. Center for Disease Control. *Suicide Prevention: Youth Prevention,* n.d. http://www.cdc.gov/ViolencePrevention/pub/youth_suicide.html But suicide isn't limited to young people, in fact, older adults, particularly men over the age of 75, have the highest rate of suicide (42.8 per 100,000). California Department of Mental Health, *Office of Suicide Prevention Fact Sheet,* February 2008.

More Californians have died by suicide than by homicide. California Department of Mental Health, Office of Suicide Prevention, *California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution, Executive Summary*, n.d. p. 1.

Nine Californians lose their lives to suicide on an average day (approximately 3000 per year). By comparison, eleven lives are claimed daily in traffic collisions. California Department of Mental Health, *Office of Suicide Prevention Fact Sheet*, February 2008.

90% of individuals who die by suicide had a diagnosable mental illness or substance use disorder at the time of their death. California Department of Mental Health, *Office of Suicide Prevention Fact Sheet*, February 2008.

Who gets help? Who doesn't? Why?

Racial and ethnic populations experience inequities such as less access to and use of needed mental health services, often because they experience lower socioeconomic status, language or cultural barriers in greater proportion. When individuals from these populations do receive services, they tend to be of lower quality. Department of Health and Human Services *Culture, Race and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General.*

Although the U.S. Surgeon General called for action to address the striking disparities in mental health services affecting racial and ethnic populations as compared with whites nearly 10 years ago, to date, not enough progress has been made to address these disparities. Recent studies show that populations in California that have the highest unmet need include Latino and Asian adults who were born abroad, and Asian and African American adults. In addition, young and older adults across racial and ethnic groups experience the greatest unmet needs. UCLA Center for Health Policy Research, *Adult Mental Health Needs in California*, November 2011, p. 2.

Mental Illness in Young People

Nationwide, 13% of young people between the ages of 8 and 15 suffer from at least one mental health disorder. Merikangas, K.R., He, J-P., Burstein, M., Swanson, S.A., et al. (2010). Lifetime Prevalence of Mental Disorders in U.S.
Adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*. 49(10): 980-989. Among adolescents, the need is even greater: one in five adolescents experiences significant symptoms of emotional distress, with half of that group experiencing resulting emotional impairment.Knopf, D., Park, M.J., & Mulye, T.P. (2008). *The Mental Health of Adolescents: A National Profile, 2008*. National Adolescent Health Information Center. http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf. The most common mental health concerns among American adolescents are depression, anxiety disorder, attention deficit hyperactivity disorder (ADHD), and substance abuse. Knopf, D., Park, M.J., & Mulye, T.P. (2008). *The Mental Health of Adolescents: A National Profile, 2008*. National Adolescent Health Information Center. http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf.
In California, 17% of adolescents need help for emotional or mental health

2. **RAMS Graduation**

CBHS is pleased to announce the graduation of nine trainees from the RAMS iAbility Vocational IT program on March 30, 2012. The MHSA funded program is a cooperative effort between RAMS and the CBHS MIS Department designed to provide employment education, help desk training and successful work experience to CBHS consumers. In the intensive and supportive program, the trainees learn customer service skills and basic use of the Avatar EHR, enabling them to provide first line Avatar Help Desk support to callers. They are able to immediately resolve many common HelpDesk inquiries, and triage more complex questions to MIS Analysts.

Over the nine-month training program, trainees learned to manage their symptoms while developing stronger professional work habits, mastering the technical requirements of the job, and acquiring valuable work experience. Soon after starting, the trainees became an integral part of the Avatar HelpDesk Team, providing friendly and informed customer service to callers. As proof of the program's success – two trainees from this first RAMS iAbility Vocational IT group were subsequently hired into part time MIS support positions. A second group of 10 trainees have completed two months of training and preparation at RAMS, and began Avatar HelpDesk customer service duty at 1380 Howard Street on April 2.

In addition to the HelpDesk training program, the MIS Department is also partnering with the RAMS iAbility Vocational IT program to provide training and work experience in MIS Desktop Support. Four trainees are working directly with MIS Desktop Support staff, learning to install and maintain hardware and software to support IT needs of CBHS Civil Service Programs.

For more information, please contact Pablo Munoz, IT Project Manager at pablo.munoz@sfdph.org

3. **DPH Community Programs announces on-line Transgender Resource Manuel**

The Manual is now posted on the DPH Public Internet Site at:

http://www.sfdph.org/dph/files/CBHSdocs/SFDPHTransgenderResources2012.pdf

For additions or questions, please contact:

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Director of Cultural Competence and Client Relations
San Francisco Department of Public Health
1380 Howard Street, 5th Floor
San Francisco, CA 94103
(415) 255-3422
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4. **Transgender Groups Increasing**

CBHS is offering Transgender focused services three days a week through a collaboration between the Pathways to Discovery Program and MHSA Consumer Employment Program. Two groups are currently being held in custody at 850 Bryant. The Wellness and Recovery support group is being

held Thursdays from 3:00-4:30 pm at 1380 Howard on the first floor in BHAC. For more information, contact Jamie Armstrong at 415-255-3615 or Kandi Patterson at 415-255-3778.

5. Job Readiness Fair

June 15, 2012, 11:00-1:00, Ella Hill Hutch Recreation Center, 1050 McAllister.

Officer Raphael Rockwell, of the SFPD Community Relations Unit under Chief Suhr's Office, is responding to multiple requests made by San Francisco youth to have a City Agency Job Fair/ Job Readiness Program. Officer Rockwell will coordinate the event, but recognizing the short time frame, he is requesting help from all the various agencies. The Job Fair/ Job Readiness Program needs people form each agency to explain the type of work the agency does, the types of jobs and what is required for employment. Presentations are welcomed, and flyers and handout are a must.

The Job Fair/ Job Readiness Program is for the youth of the city to find out what "City Careers" exist and what it takes to get hired. This is not hiring or recruiting. This is rather an opportunity for youth to get an understanding of what it takes to accomplish success and an opportunity to ask questions.

Please send contact information for your agency, including those who handle youth outreach and job readiness programs to:

Officer Raphael Rockwell #1195
Community Relations Unit
3401 17th St 2nd Fl.
San Francisco Ca 94110
415-558-5532

6. CBHS 2010-2011 Client Satisfaction Survey

CBHS is pleased to congratulate the long list of programs achieving a high level of client satisfaction in the most recent survey. In addition to the obviously link to service quality, a positive client experience is one of the central tenets of the Affordable Care Act (i.e. health care reform), and positions these CBHS program well to thrive during the changes in the coming years.

Program Grouping Category	Programs with over 90% Satisfaction
Alcohol & Drug, Adult, Ancillary	
99049	Homeless Prenatal Programs New Beginnings
88049	Homeless Prenatal Programs Dependency Drug Court
Alcohol & Drug, Adult, Methadone	
38163	Bayview Hunters Point Methadone Detox
89233	BAART Behavior Health Services PHC Market Methadone Detox
73134	DSAAM/SFGH – Opiate Treatment Outpatient Program
38824	DSAAM Office Based Opiate Treatment – Tom Wadell Health Center
38364	Fort Help Methadone Maintenance Bryant Street

83134 DSAAM/SFGH OTOP Methadone Maintenance ISIS
71134 DSAAM OTOP –Methadone Van
38164 Bay View Hunters Point Methadone Maintenance

Alcohol & Drug, Adult, Other 24 Hour Service
88077 Walden House Satellite Residential

Alcohol & Drug, Adult, Outpatient Treatment
00701 Curry Center Older Adults Counseling
89201 Haight Ashbury Free Clinic BASN Outpatient
38371 Asian American Recovery Service Project ADAPT
89051 San Francisco Aids Foundation - Stonewall Project Outpatient
85351 Walden House - Integrated Mentally Health & Substance Abuse
88011 Sage Star Outpatient

Alcohol & Drug, Adult, Residential Detox
88812 Saint Vincent De Paul Howard Street Detox BASN

Alcohol & Drug, Adult, Residential Treatment
38935 Latino Commission Aviva Children
38932 Latino Commission Aviva House, Adults
38472 Latino Commission Casa Quetzal
00202 CATS Golden Gate for Seniors

Mental Health, Adult, Behavioral Health / Primary Care
Native American Health Center

Mental Health, Adult, Drop in Center
MHNRU23 Central City Hospitality House

Mental Health, Adult, ICM
3822A3 Family Service Agency Adult Full Service Partnership Outpatient

Mental Health, Adult, Other 24 Hour Service
38081 Progress Foundation - La Posada Crisis Residential

Mental Health, Adult, Outpatient Services
38CC3 Haight Ashbury Free Clinics Outpatient
38BH02 HIV Mental Health Case Management
38BG3 Sage Project Inc.
38033 Team II Adult Outpatient Services – Monterey
38483 Southeast Mission Geriatric – Outpatient
38AV4 Westside CalWorks Counseling – RAMS
38183 Instituto Familiar De La Raza
38AV3 Westside CalWorks Counseling
38223MH Family Services Agency Geriatric Outpatient
38BF3 Asian American Recovery Service – Project Adapt Mental Health

Mental Health, Child, Behavioral Health / Primary Care
Dimensions

Mental Health, Child, Day Services

38DD2	St Vincent Day Treatment
88592	Oakes Children's Center Day Treatment

Mental Health, Child, ICM

3874C3	Family Mosaic Project Chinatown Child Development Center MHSA
3801C3	Family Mosaic Project Mission Family Center MHSA
3801OP	Family Mosaic Project Mission Family Center

Mental Health, Child, Outpatient Services

38GJ2	Center for Juvenile & Criminal Justice Community Options for Youth
885815	Edgewood EPSDT A3632 Clinic
382201	Family Services Agency Full Circle Family Program Outpatient
38C83	Infant Parent Program – IPP Childcare
38C81	Infant Parent Program – IPP Homeless
38182	Instituto Familiar De La Raza Child Care 2
3818SD	Instituto Familiar De La Raza SED
38BN3	Mount Saint Joseph – Saint Elizabeth
389404	Richmond Area Multi-Services Fu-Yau EPSDT
38CQ6	Seneca Connections MTFC Placement
38HROP	SF Child Abuse Prevention Center
89007	Westside Ajani
38BVC3	YMCA Trauma & Recovery Services
38826	Sunset Mental Health – Children Outpatient
38C51	CASARC Outpatient Services
38CQ5	Seneca Connections TBS
38BB3	South East Child & Family Center 2
38C84	Infant Parent Program – IPP SED/psyc
381810	Instituto Fam De La Raza, IHBS / EPSDT
38456	South East Child & Family Therapy Center
38C72	UCSF Child & Adolescent Psychiatry EPS
38016	Mission Family Center
988593	Oakes Children's Center EPSDT

7. **Upcoming Trainings**

Harm Reduction Supervision: Helping Staff Work with Dually Diagnosed Clients

Friday, May 25, 2012
9am- 4:30pm
St. Mary's Cathedral Conference Center
1111 Gough Street.

Presenters:
Patt Denning, PhD and Jeannie Little, LCSW

Course Description:
Harm Reduction is the philosophy and practice of including everyone in services, including active drug users and actively psychotic individuals, people whose lives and behaviors are often chaotic. Because of its open stance, harm reduction challenges staff to work with sometimes uncontained and difficult clients. Supervisors are responsible for making it possible for staff to work with the most challenging clients. Supervision in behavioral health is the critical process whereby leaders of programs that serve vulnerable clients assure that the quality of service to those clients is competent, caring, and ethical. What this means is that, in addition to continually teaching and monitoring staff's core competencies, supervisors have to help staff manage the many less-tangible aspects of their jobs – to hear and hold painful stories, to manage difficult interactions (aggressive, withdrawn, or psychotic), to maintain hope in the face of tragic life circumstances, and to stay fresh and resilient over years of practice.

Best Practices for the Employment of Consumers and Employees with Disabilities: Interviewing, Managing And Providing Reasonable Accommodations

Tuesday, June 5, 2012
9am- 4:30pm
St. Mary's Cathedral Conference Center
1111 Gough Street

Presenters:
Jane Kow, JD

This interactive training program will provide easy to follow, step by step instructions on how to properly interview, manage and provide reasonable workplace accommodations for consumers and employees with mental and physical disabilities. Participants will learn the right way to engage in an "interactive dialogue" with employees to obtain essential information about their job qualifications, functional capabilities, work-related restrictions and need for reasonable workplace accommodations, without violating their right to medical privacy. Using real world examples drawn from court cases involving employees with disabilities, participants will learn how "disability" and "reasonable accommodation" are defined by law; how employers' stereotypes and misconceptions about persons with disabilities have lead to disability discrimination lawsuits; what triggers the employer's duty to engage in an "interactive dialogue" to determine reasonable accommodations; and what the employer should do in the event that the employee exhibits misconduct, attendance and performance issues that are unrelated to a disability. Participants will have a chance to practice how to navigate this tricky process and learn how to overcome communication barriers when responding to an employee's request for an accommodation. Course Objectives: 1. Upon completion of this course, participants will be able to: 2. Learn how "disability" is defined under federal and CA state disability laws 3. Examine court cases where employers' fears and stereotypes about persons with mental disabilities and failure to provide reasonable accommodations have resulted in disability discrimination lawsuits 4. Avoid asking illegal interview and workplace questions that may inadvertently invade employees' rights to medical privacy and elicit prohibited genetic information

5. Understand how psychosocial disabilities can impact employees' performance and workplace interactions 6. Consider a range of accommodations that can help reduce or eliminate some of these issues. 7. Understand how to detangle misconduct, attendance or performance issues from disability related conditions 8. Through role playing exercises and coaching from the instructor learn how to navigate in the six steps of "interactive dialogue" with employees with psychosocial disabilities to determine accommodations that would enable the employee to perform all essential job functions 9. Distinguish between essential and non-essential job functions when determining which form of accommodation would be appropriate and effective 10. Learn about available free resources on job accommodations for a variety of disabilities.

5150 Certification Workshop

Thursday, June 7, 2012
9am- 1pm
St. Mary's Cathedral Conference Center
1111 Gough Street

Presenters:
CBHS Staff

Course Description:
In order to be certified to use the 5150 authority, providers must attend this training and obtain a passing score of at least 80% on the post test. All DPH and contract licensed, licensed-waivered, or unlicensed providers in mental health programs are eligible. Providers in substance abuse, primary care, or other social service agencies must be a licensed mental health professional to be eligible, e.g., LCSW, RN, MD, PhD, MFT. Student interns are welcome to attend the training, but will not be authorized to conduct 5150s. Program Directors must request for their staff to participate in this training. NOTE THAT THIS TRAINING IS FOR COMMUNITY PROVIDERS.

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at:
415-255-3553 or email norman.aleman@sfdph.org

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

2.2 Public Comment

Mr. Wise: He wanted to inform the board about the California Mental Health Network day-long meeting that he recently attended in San Jose. He said the meeting's focus was on peer network support and services. While attending the event, he networked with people from the National Alliance on Mental Illness (NAMI) and the California Association of Social Rehabilitation Agencies (CASRA) who were trying to get state certifications to be peer support counselors.

Ms. Robinson: "Michael would you please include in your newsletter about your experience at the California Mental Health Network meeting, so we can spread the word about peer support services?"

ITEM 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Mental Health Services Act Annual Update and Report: Marlo Simmons, MPH, Program Director

Ms. Argüelles: "Marlo Simmons, Program Director for the Mental Health Services Act projects will present the Annual Update for 2010-11. It is required by the Mental Health Service Act state law that the department present an annual update to the Mental Health Board."

Please see the attached presentation at the end of the minutes

Ms. Simmons: "I have prepared powerpoint slides to present the MHSA Annual Report ofor 2010-11 and I also want to keep the board abreast of our integrated three-year plan for the 2012 to 2015 period. In the San Francisco County, we have 68 MHSA contracted programs and 90 civil service positions."

Dr. David Elliott Lewis: "What is innovation?"

Ms. Simmons: "5% of the Act is allocated for innovative programs and services."

Ms. James: "What is the MHSA Housing?"

Ms. Simmons: "It is a program designated for SRO (single room occupancy) buildings that are capable of collaborating on intensive care for clients with severe mental illness who may have physical disability as well. The MHSA Housing program provides short term housing for severely mentally ill clients who are facing imminent homelessness. Ideally, we would like these clients to transition out of MHSA housing after 60 days. But we work on a case by case basis."

Ms. Arguelles: "Please elaborate on your gender specific programs including any breakdown on age and sex including highlights of any differences between genders in the MHSA programs?"

Ms. Simmons: "There are some gender specific programs, but no overall gender focus per se. There seems to be more full-partnership services for the male gender than for the women.

I will check with Diane Prentiss in Research and Evaluation on the data collection and gender issues and any differences."

Mr. Wishom: "What do you mean by program development priorities for socially isolating adults and peer support?"

Ms. Simmons: "San Francisco has many older adults who are involuntary reclusive since many aging baby boomers don't live with immediate family. Living in isolation is very hard for older adults. San Francisco needs geriatric services and programs, because soon the population of aging boomers will be growing in the county. The Meals on Wheels program provides nutritional services, while other programs connect older adults to other support centers."

Mr. King III: "How does someone qualify for permanent housing?"

Ms. Simmons: "Permanent MHSA housing can be obtained through case management referrals."

Dr. Patterson: "Can you talk more about early psychosis in the transitional age youth (TAY) population?"

Ms. Simmons: "Since UCSF does lots of research on prevention and early intervention of psychosis, we are in partnership with UCSF and Family Service Agency (FSA) to screen at-risk TAY's and to help them with cognitive and vocational training. Family Service Agency partners with Sojourner Truth Foster Care Services to work with children in foster care too.

Ms. Chien: "In terms of psychological assessments on detained youth in the San Francisco justice system, what happens to their personal information after 72 hours?"

Ms. Simmons: "Our protocol requires collaborating with the Behavior Health Court (BHC) and coordinating any transfer to the courts."

Ms. Chien: "How does HIPPA compliance come into play with this?"

Ms. Simmons: "I am not sure."

Ms. Robinson: "If it is problematic, we obtain some kind of release from a custodial parent, legal guardian or the Court system."

Ms. James: "How do you address sensitivity for LGBTIQ (lesbian gay bisexual transgender intersex and questioning) youth?"

Ms. Simmons: "Our Larkin Street Youth program is extremely sensitive due to San Francisco's 12N Ordinance."

Ms. Robinson: "Marlo can you describe to the board the 12N Ordinance?"

Ms. Simmons: "Any program receiving at least $50,000 in City funds for youth services must be in compliance with the 12N Ordinance which requires mandatory LGBTIQ sensitivity training for all staff working directly with youth."

Mr. Wishom: "Can you explain about the 32 stabilization units?

Ms. Simmons: "Unlike the general population, when clients with severe mental illness just come out from the jail system or a hospital, they often need help with stability housing which offers a higher level of housing stability at four different hotels. The hotels with stabilization units are disbursed in the following areas -- one on 10th & Market hotel, two on California Street and one on Polk Street."

Ms. Virginia Lewis: "Are there any early intervention programs either public or private that collaborate in conjunction with Kaiser and CPMC?"

Ms. Simmons: "In the Southeast sector of San Francisco, we have Dr. Nadine Burke from CPMC who provides mental health and behavioral health services in addition to primary care to Bayview Hunters Point youth."

Mr. King III: "Can other programs access these 32 stabilization units?"

Ms. Simmons: "These units are restricted to only MHSA clients, and MHSA staff can place clients in these places."

3.2 Public comment

Public Member: She said there will be a conference on June 8th at St Mary about PREP.

Mr. Clark: He wanted to know what TAY stands for.

Ms. Simmons: "TAY is Transitional Age Youth between the ages of 16 to 25 years."

ITEM 4.0 PRESENTATION: GET TO KNOW THE MENTAL HEALTH BOARD MEMBERS – THEIR EXPERIENCE, THEIR EXPERTISE AND THEIR INTERESTS.

Ms. Argüelles: "The Executive Committee thought it would be a good idea to have each board member say a few words about your experience, expertise and interests. You can share experiences with the mental health system or other related experience with mental health, any expertise you have whether related to mental health or not, and any special interests you have related to mental health issues or other interests. Please just take a couple of minutes so everyone has a chance to share."

4.1 Get To Know the Mental Health Board Members – Their Experience, Their Expertise and Their Interests.

Mr. Wishom: "I was the youngest in my family and went to elementary school in the Sunnydale neighborhood. After earning a bachelor's degree in 1993, I traveled and lived in Granada, Spain for several months. I had jobs at Woolworths, Safeway and taught English.

In 1996 I was self medicating with whatever drug du jour I could get my hands on in order to stay functioning during a severe mental illness breakdown. Without proper access to treatment for my illness, subsequently, I got caught up in the jail system. During my recovery period, a few years ago, I joined the Mental Health Board.

Mr. King III: "I was born and raised in SF, too. While attending a private school, a gun was pulled on me. At 14 I was diagnosed with paranoid schizophrenia. A traumatic experience I had was being jumped by 30 kids. Serving on the Mental Health Board is a privilege and honor because I can speak for people with mental illness who don't have a voice."

Ms. James: "I came to San Francisco in 1978. I have been a consumer of the mental health system since 2007. I have post traumatic stress disorder and depression, and hoarding and cluttering challenges. I graduated from Richmond Area Multi-Services (RAMS). I am a member of NAMI-SF. I sit on the Mayor's Disability Council. I also work with Mental Health Association-SF's Sharing Our Lives: Voices and Experiences (SOLVE) Program."

Dr. Davis Elliott Lewis: "I have a Ph D in industrial/organizational psychology and achieved professional success.

In a short time span, I experienced grief and personal losses simultaneously that sent me into a debilitating depression when I was 40 years old. I have gained great insights, and, as part of my

recovery, I have pulled myself out through community services. I am with SOLVE and enjoy photography and volunteering."

Mr. Vinh: "I was originally interested in psychotherapy, but I got sidetracked in life when I attended a seminary school. After I graduated from Yale University, I worked there. I published more than 90 articles. A book will come out soon. I am on a consumer seat at the Mental Health Board. I graduated from RAMS mental health certificate program. I now do volunteer work and counsel elderly people."

Sergeant Dunn: "Being on the board has afforded me the opportunity to stay on top of various community programs in San Francisco. I still maintain my clinical license as a psychiatric nurse to dispense psychotropic drugs. Before attending the Police Academy in my late 30's, I worked in the mental health system as a psychiatric technician throughout the Bay Area. I worked for the Mobile Crisis Treatment team in San Francisco. I also worked at Langley Porter Psychiatric Institute at the University of California, San Francisco, at the San Francisco General Hospital's Tom Smith Substance Abuse Treatment Center, and at the Mount Zion Crisis Clinic. My dual working role with the police includes being a psychiatric liaison."

Ms. Landy: "About a year ago I attended NAMI-SF's Family to Family training. I grew up on the east coast as an only child. Living in San Francisco rather than in Massachusetts enables me to actively participate in the community and school systems."

Ms. Virginia Lewis: "I am a clinical social worker and came on the board through my involvement in NAMI-SF and through encouragement of Ms. LaVaughn Kellum King. I have two adoptive children. My daughter has bi-polar and has engaged in life-threatening behaviors that often put her in and out of hospitals. I am a clinical psychologist and have worked with adults with mental illness. It seems to me that private health care systems tend to place a lower priority on mental health care, if not almost last on their priority list. I am very much interested in public private mental health care collaborative issues."

Ms. Fuller: "I have a son with Attention Deficit Hyperactivity Disorder (ADHD) and a daughter with a genetic disorder resulting in multiple disabilities. Being in the legal profession, I know a lot about the law pertaining to people with mental illness and have closely followed developments in neuroscience. Being the only child in my own biological family, I was very sheltered until I met my husband where I learned about mental illnesses and how mental illnesses affect community, family and the sufferers. I am very much interested in the generational effect of mental illness."

Dr. Patterson: "I always say that I don't fully understand about consumers with mental illness, because I have not experienced the effects myself. But my professional work has exposed me to mental illness where I expand my knowledge.

I started out in Philadelphia, PA. I came here in the early 1970's to work at San Francisco General Hospital. I live in the Western Addition and formerly lived in Bay View Hunter's Point.

I am a fulltime faculty member at University of San Francisco. I am directing a new program on community mental health at the school. I do a lot of pro bono work in my private practice. I am interested in silent folks who are on the verge of being 5150'd."

Ms. Miller: "My career started in Edgewood in San Francisco which provides services for seriously mentally ill girls and boys. I started the GIRLS 2000 program and Hunters Point Family agency which offers services and programs in the Bayview Hunter's Point area. Being on the board has served me well because I have a deeper understanding of various community programs and services throughout San Francisco."

Mr. Ellis: "I am a San Francisco native with a master's degree in taxation. The City allowed me to become a single emergency foster dad before I become a full time foster parent where I had a bi-polar foster daughter. I joined the board to speak for those who can't speak for themselves."

Ms. Chien: "I have worked about 24 years for the public defender's office and about12 years in the mental health unit of the criminal justice system. I have represented clients who were in locked-down units. I have learned so much about San Francisco programs and services and very inspired to become an advocate.

I feel San Francisco County is one of the three counties out of 58 counties in California that accommodates judicial reviews for clients with mental illness and that empowers clients to speak for themselves. My interests are stigma reduction, listening to people and providing community support."

Ms. Argüelles: "My youngest daughter had a breakdown at the University of Paris-Sorbonne. I am learning more about mental illness by serving on the board and becoming a better advocate for my daughter and for people who cannot speak for themselves."

4.2. Public comment

No public comments.

ITEM 5.0 ACTION ITEMS

For discussion and action

5.1 Public Comment.

No public comments.

5.2 Proposed Resolutions.

5.2 PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of April 11, 2012 be approved as submitted.

Minutes unanimously approved.

ITEM 6.0 REPORTS

6.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

- Ms. Franchina called to complement the Mobile Crisis Treatment Team and the San Francisco Suicide Prevention. These two services have helped her stay out of hospital for two years now. Both services give her the opportunity to talk with skilled counselors and get through rough times. She believes they have saved her life.

- She is being honored by the Commission on the Status of Women on May 23rd at 5 PM in room 408 at City Hall for her work in mental health of women and girls.

- Hospitality House event. The art work is incredible. It will be displayed May 11th to Jun 3rd.

- The Executive Committee is working with staff on the Annual Report.

- She will be doing the AIDS/LifeCycle Ride from San Francisco to Los Angeles from June 3rd through June 9th and will not be checking voice mail or email during that time.

- Sarah Accomazzo, our special projects manager will be leaving to focus on completing her dissertation.

6.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles: "Linda Bentley has health issues that have resulted in her decision to resign from the board, so we are presenting a certificate for her and I have a card for everyone to sign.

The Executive Committee will be starting to work on the Annual Report this month and would very much like the help of other board members. Please let me know if you would like to help."

6.3 Report by members of the Board on their activities on behalf of the Board.

Dr. Elliott David Lewis: "This Friday, the Mental Health Association (MHA-SF) is hosting A Future Free from the Barriers of Stigma in honor of mental health awareness month."

Ms. Miller: "I just got back from attending the Local Mental Health Board & Commissions (CALMHB/C) training in Los Angeles on April 21, 2012. The training was on AB109 & AB 117 which are Public Safety Realignment Acts signed by Governor Jerry Brown on April 4, 2011.

The keynote speaker was Honorable Stephen V. Manley, Superior Court of California, County of Santa Clara. I was very inspired by his commitment to treatment and mental health services rather than punitive approaches in Santa Clara County criminal justice system.

There is a dedicated 1% funding from California license plates. The money is not controlled by the State per se but by individual counties. The Mental Health Board can influence how the money will be spent.

While in LA, I, also, attended the national conference on the 20th anniversary of the Bloods and Crips. Everyone at the conference from the East coast to the South was saying that mental health is a

serious issue as a result of gang violence. I shared at the conference about my Hunters Point Family programs that are meeting the Bayview Hunters Point families' needs for dealing with traumas and recovery."

Ms. James: "I attended the MHA-SF's April 26-27 hoarding and cluttering conference."

6.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Chien: "I would like a presentation from Behavior Health Court"

Mr. King III: "I am interested in suicide prevention."

Mr. Vinh: "I am interested in mental health for San Francisco elderly."

Ms Virginia Lewis: "I am interested in Laura's Law."

Ms. James: "I am interested in hoarding and cluttering."

Ms. Robinson: "I am proposing a presentation on the AB 109."

6.5 Public comment

No public comments.

ITEM 7.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 8:40 PM.

MENTAL HEALTH SERVICES ACT

FY 10/11 Annual Report

S.F. Mental Health Board Presentation
May 9th 2012

For Mental Health Care

63 VOTE YES

www.YESon63.org

- Enacted into law in 2005
- Designed to transform the mental health system
- 1% tax on income over $1 million

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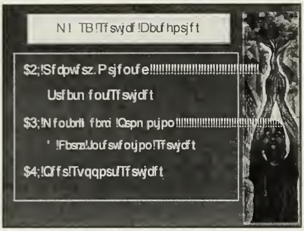
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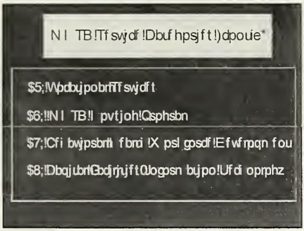
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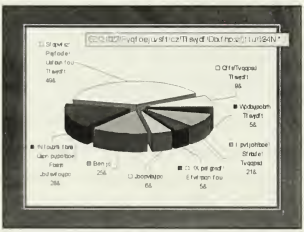

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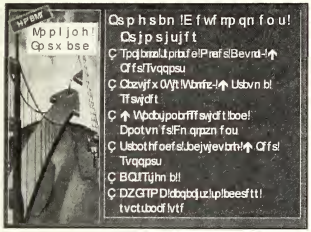
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SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, June 13, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: SUPPORTIVE HOUSING OVERVIEW, GAIL GILMAN, EXECUTIVE DIRECTOR, COMMUNITY HOUSING PARTNERSHIP

For discussion.

3.1 Presentation: Supportive Housing Overview, Gail Gilman, Executive Director, Community Housing Partnership

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 . PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of May 9, 2012 be approved as submitted.

4.3. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the Department of Public Health to Maintain Sufficient Services to Prevent Vulnerable San Franciscans from Suffering the Loss of Critical Services.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

Edwin Lee
Mayor

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Unadopted Notes

Mental Health Board

Wednesday, June 13, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Sgt. Kelly Dunn; Wendy James; Noah King III; Alyssa Landy, MA; Lena Miller, MSW; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Virginia S. Lewis, LCSW; and Alphonse Vinh, MS.

BOARD MEMBERS ABSENT: Lynn Fuller, JD; and Terence Patterson, EdD, ABPP.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); James Stillwell, Deputy Director of Community Behavioral Health Services (CBHS); Gail Gilman, Chief Executive Officer of Community Housing Partnership; Michael Wise, Pathways to Discovery; Mikel Matto, M.D., UCSF Department of Psychiatry; LaVaughn Kellum King; Patricia Walker, ACME Clean; Nancy Cross; Charles Pitts and two members of the public.

CALL TO ORDER

Ms. Argüelles: "This meeting of the Mental Health Board is called to order at 6:32 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Argüelles: "Tonight, we are accommodating Gail Gilman's schedule to have her presentation before the Director's Report. We then follow the order on the agenda."

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles: "In lieu of Jo Robinson who is sick, giving the June Director's report, we will hear from James Stillwell, Deputy Director of CBHS."

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Stillwell: "There is a growing awareness in CHBS that thousands of San Franciscan clients have contracted hepatitis C virus (HCV). There is a big stigma on HCV. I'm glad for more public awareness that is being supported at the federal level. In May 2011 there were two new protease inhibitors -- telaprevir and boceprevir, that came on the market. The new HCV treatment protocol is shorter and offers higher sustainable virologic response rate (SVR). We want clients to get tested for HCV.

I also want to mention that the mayor's budget doesn't have any cuts for mental health and substance abuse. A 1% COLA (cost of living allowance) is tentatively being considered in the budget negotiations. But, on the State level, revenues from the sales tax have been dropping continuously. Realignment of the budget is expected if revenue initiatives on the ballot don't pass this fall."

Mr. Joseph: "Can you talk more about HCV testing?"

Mr. Stillwell: "In the preliminary diagnosis, the HCV antibody test is for ascertaining HCV antibodies. Studies on hepatitis C show a 25% spontaneous clearance of the virus in hepatitis C positive people meaning the viral load is undetectable. The person is cured from the virus."

Ms. James: "Does HIV testing test HCV at the same time?"

Mr. Stillwell: "Although both HIV and HCV are RNA viruses, the testing for these different viruses is very specific."

Dr. David Elliott Lewis: "Can you talk about the drug efficacy?"

Mr. Stillwell: "Combination drugs, usually pegylated interferon and ribavirin with either telaprevir or boceprevir work effectively in phenotype I. Generally, many patients can tolerate the treatment just fine. However, a few persons with prodromal symptoms for psychosis, alcoholism or substance abuse just need to have any of these conditions under management."

Please see the attached June 2012 Director's report.

Monthly Director's Report
June 2012

1. **Dr. Alice Gleghorn Wins Community Service Award**

Congratulations to Alice Gleghorn, Ph.D., Community Programs Privacy Officer and County Alcohol and Drug Administrator, who will receive the Community Service Award at the California Society of Addiction Medicine (CSAM) Conference and Annual meeting later this summer. This award was established by the CSAM Executive Council in August, 1985 as the Achievement Award or the Merit Award to be awarded to "someone outside the health professions." Over time, it came to be called the Community Service Award and is primarily awarded to a non-physician or a non-medical person who has worked to support addiction treatment. Past recipients include Betty Ford, Hon. John Burton, Wesley Chesbro, and Reverend Cecil Williams.

2. **Debi Hines Wins Mildred Crear Award**

It is with great joy to announce that Debi Hines, Public Health Nurse of Family Mosaic Project was recently awarded the Mildred Crear Award for Advancing the Nursing Profession. Ms. Debi Hines has served the Family Mosaic Project clients and staff over the past fifteen years and she has been an excellent role model for advocacy, collaboration, and health promotion / education. Ms. Hines is an integral member of the Family Mosaic team. Her warm, flexible, funny, and supportive approach when working with clients has produced positive results in the lives of the FMP clients and their families. She has been instrumental in breaking barriers on behalf of the FMP clients so that our families can better access medical and mental health services.

3. **Mental Health Board Awards San Francisco City College a Commendation**

MHSA's funded Community Mental Health Certificate Peer Program at City College was awarded a commendation from the San Francisco Mental Health Board. Dr. Sal Nunez, PhD, Director, Community Mental Health Certificate Program, and Coordinator, Peer Care Management Unit accepted the award for the program. The commendation was granted for the "Exceptional Training of Mental Health Workers." Congratulations to Dr. Nunez, the training program and City College.

4. **MHSA FY 10-11 Annual Report**

The Community Behavioral Health Services (CBHS) unit of the Department of Public Health is inviting all stakeholders to review and comment on the San Francisco Mental Health Services Act Fiscal Year 2010-2011 Annual Report for a period of 30 days from May 17, 2012 to June 16, 2012. This 30-day stakeholder review and comment is in fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848.
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp

Please email your comments to Marlo.Simmons@sfdph.org or send by mail to:

Community Behavioral Health Services Mental Health Services Act
1380 Howard Street, Room 210b
San Francisco, CA 94103

5. **Asian Pacific American Mental Health Day Helps to launch the Friends DO Make a Difference Campaign**

May 10th was APA Mental Health Day in San Francisco and California. A press conference was held at George Washington High School. Nancy Lim-Yee, Program Director of Chinatown Child Development Center, participated in celebrating the occasion. The celebration also helped to launch the Friends DO Make a Difference Campaign. To find out more about this wonderful campaign go to http:naapimha.org/friends-do-make-a-difference/.

Nancy asks that we all view a video made by Ramey Ko, an administrative judge in Austin, Texas. The Honorable Judge Ko serves on President Obama's Advisory Commission on Asian American and Pacific Islanders. The video can be viewed at
http://www.youtube.com/watch?v=VvvlLdHSiFA&feature=youtube.

6. **CalMHSA Statewide Media Launch Mental Health Services Act – Prevention & Early Intervention Statewide Projects: Stigma and Discrimination Reduction**

On behalf of California counties, CalMHSA has launched some of the first major pieces of its social marketing campaign that aims to reduce Stigma and Discrimination (SDR) about mental health and mental health care. Paid media activities – like radio, on-line web banners, www.ReachOutHere.com and print marketing -- will run through August 2012, with additional flights slated for 2013. For the Latino community, communication strategies include Spanish-language media beginning the week of June 4, 2012; radio spots; web banners; and www.BuscaApoyo.com.

In addition, CalMHSA will be working with counties to develop targeted social marketing efforts for both the SDR and Suicide Prevention programs for rural and frontier counties.

For more information, please contact Stephanie.welch@georgehills.com or (916) 859-4816.

7. **San Francisco's RAMS, Inc. Participating in the International Study of DSM Cultural Formulation Interview**

The Diagnostic and Statistical Manual of Mental Disorders (DSM), the handbook written by the American Psychiatric Association (APA), and used by health care professionals as an authoritative guide to the diagnosis of mental disorders, is now in the process of finalizing its 5th addition. Richmond Area Multi-Services, Inc. (RAMS) is proud to serve as the San Francisco site for the DSM-5 Cultural Formulation Field Trial, studying the newly proposed Cultural Formulation Interview (CFI). This key addition to the Manual has been created to help clinicians more effectively assess cultural aspects of psychiatric diagnosis. In collaboration with UC Davis, RAMS is one of about a dozen sites in this international DSM-5 Cultural Formulation field trial study being led by the Center of Excellence for Cultural Competence at the New York State Psychiatric Institute with support from the American Psychiatric Association.

In the CFI, *culture* refers to the values, orientations, assumptions, and perspectives that may be influenced by an individual's membership in a social group or by aspects of an individual's background, such as ethnicity, class, race, language, and religion. The Cultural Formulation Interview focuses on assessing these cultural aspects of the patient's presentation and treatment expectations in order to make clinical care more culturally appropriate. Thus, unlike the standard patient history assessment, whose agenda of topics and direction is usually set by the clinician, the CFI attempts to address problems from the patient's standpoint. The RAMS is excited to have been the site utilizing the Chinese language translated version of the CFI in order to better assess its content, clarity, and effectiveness within a particular ethnic and linguistic group.

From the Press Release from American Psychiatric Association: "As with every stage in this thorough development process, DSM-5 is benefiting from a depth of research, expertise and diverse opinion that will ultimately strengthen the final document," noted David J. Kupfer, M.D., chair of the DSM-5 Task Force. Feedback about the proposed changes, diagnostic criteria, and updates can be submitted through www.DSM5.org, which will be available until the comment period ends June 15. After that, the site will remain viewable but will be closed to comments as the Work Groups and Task Force complete revisions and submit criteria for evaluation by the Scientific Review

Committee and the Clinical and Public Health Committee. The Task Force will then make final recommendations to the APA Board of Trustees. The final version of DSM-5 is expected to go before the Board of Trustees in December 2012. A more detailed update on the development and list of changes made to draft proposals since July 2011 can be found on www.DSM5.org.

8. **Mental Health Loan Assumption Program for 2012-2013**
www.oshpd.ca.gov/HPEF/MHLAP.html

The Health Professions Education Foundation is pleased to announce that the NEW 2012-2013 Mental Health Loan Assumption Program (MHLAP) cycle is now open! Please visit www.oshpd.ca.gov/HPEF/MHLAP.html to complete the application. If you were awarded in the 2011-2012 cycle, you are still eligible to apply. Regulations for the MHLAP allow for applicants to apply & be awarded for up to 6 years!

Quick Overview ~

- You may be awarded up to $10,000 to repay your education loan that is with an educational lender
- The award is in exchange for working or volunteering for 12 months in a hard-to-fill or hard-to-retain position in the City & County of San Francisco's Department of Public Health – Community Behavioral Health System
- Your completed application is to be sent to the below address & must be postmarked no later than **August 17, 2012**

Health Professions Education Foundation
Attention: MHLAP APPLICATION
400 R Street, Room 460
Sacramento, CA 95811

At www.oshpd.ca.gov/HPEF/MHLAP.html you will find:

- An electronic fillable version of the application
- A printable version of the application
- A County Contact List Link
- A "How to Fill-Out the Application" Power Point
- An Applicant Questions & Answer Conference Call Schedule Link

Eligibility Reminders

- Applicants may work or volunteer with an organization which is administered in the City & County of San Francisco by the Department of Public Health including City & County of San Francisco
- Applicants must provide a minimum of 20 hours a week of service

Very Important! – **go to the website at www.oshpd.ca.gov/HPEF/MHLAP.html first** and look at the application, instructions, Power Point and FAQs. If you still have questions, contact Mental Health Service Act Program Manager Kimberly Ganade-Torres at (415) 255-3551 or Kimberly.Ganade-Torres@sfdph.org

9. **Hepatitis C: Boomers urged to get tested for virus**
Victoria Colliver

Bay Area health advocates and doctors welcomed the recommendations by federal health officers Friday that all Baby Boomers get tested for the liver-destroying virus hepatitis C. The draft recommendations issued by the U.S. Centers for Disease Control and Prevention called for anyone born between 1945 and 1965 to get a one-time blood test for the liver disease, believing that doing so could prevent many cases of cirrhosis and liver cancer caused by the infection, and save more than 120,000 lives. Hepatitis C can be spread a variety of ways, but the most common means of exposure for the Baby Boom generation was most likely through sharing needles to inject drugs and blood transfusions received before 1992. Federal officials say deaths from hepatitis C are on the rise. That's because people can have the virus and not know it, said Dr. Natalie Bzowej, director of clinical viral hepatitis research at California Pacific Medical Center in San Francisco. "It's a silent epidemic," she said.

Baby Boomers are five times more likely than other American adults to be infected. "Two out of every three hepatitis C cases are in that generation, and having people be screened based on age rather than risk factors really takes the stigma out of it," said Ryan Clary, public policy director with Project Inform, the national HIV and hepatitis C advocacy organization based in San Francisco.

The Bay Area has been particularly hard hit by hepatitis. San Francisco is home to about 12,000 people with chronic hepatitis C, and according to the CDC, liver cancer from hepatitis B and C kills more people in the Bay Area than anywhere else in the country. Some people may have developed flu-like symptoms when they contracted it but were unlikely to seek medical attention. People often have no symptoms, and a small percentage - less than 15 percent - may have the antibodies to fight the virus, indicating they were exposed but do not have the disease. Identifying people who aren't obviously at risk has been a challenge because it requires asking them about past behavior they may not recall or realize is significant. "We have been screening patients based on risk, but not everyone remembers a risk factor because often that was decades ago," Bzowej said. "Patients are also embarrassed to admit a high-risk behavior."

What is hepatitis C? It's a contagious liver disease that results from infection with the hepatitis C virus.

How serious is it? It can be acute or chronic, ranging in severity from a mild illness lasting a few weeks to a serious, extended illness than can result in lifelong health problems or even death.

How is it spread? It's usually spread when blood from a person infected with the virus enters the body of someone who is not infected. Most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. Before 1992, when widespread screening of the U.S. blood supply began, the disease was also often spread through blood transfusions and organ transplants.

How can it be prevented and treated? There is no vaccine for the disease. The best way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injection drug use. Newly developed therapies can cure up to 75 percent of infections.

For more information about hepatitis: www.cdc.gov/hepatitis.

10. **MHSOAC Calls for Art and Writing Submissions!**

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is currently accepting artwork and writing **produced by consumers in recovery, family members, and the mental health stakeholders community at large** to be featured in our special edition newsletter, MHSOAC Expressions, as well as future issues of the MHSOAC newsletter, MHSOAC Update, and public view on the MHSOAC Website at www.mhsoac.ca.gov.

MHSOAC Update is a published quarterly newsletter of current commission news, consumer success stories and other related mental health news and events.
MHSOAC Expressions is a special edition of the MHSOAC newsletter which will exclusively feature artwork and writings from the mental health community. This newsletter will be available to mental health stakeholders and the public in print and on our website.
Please submit your artwork, short stories, and poems to the MHSOAC to be considered for inclusion. We
encourage all themes and topics, but especially those with themes of: wellness, recovery, and personal experiences or triumphs as related to mental health.

Submission Guidelines

1. Please submit your art and/or writing in **electronic form**.
2. Art images must be **digitally photographed** and saved in the format of a JPEG.
   * You can also save materials onto a CD and send us the CD via postal mail.
   ·Please make sure that the digital image is as **high quality** as possible, and that there are **no other objects in the photograph** (such as hands, or anything that obscures the artwork). If the artwork is in a frame, please remove it before photographing.
3. Writing in the form of stories and poetry are highly encouraged. If writing is not in English, please also provide a translated copy.
4. For each submission, please include **your name as you would like it to appear**, the **title** of each artwork/writing submission, and your **county** of residence.
5. The selection of the art and writing featured will be up to the discretion of the MHSOAC Communications Unit.
6. Author or artist will be notified if your piece is selected for use. There is no monetary compensation for artwork or writing that is selected; this is solely an opportunity to share creative expressions with the community.
7. Unless requested, materials submitted will not be returned.
8. **Please also send or fax in a copy of the submission form with your signature. For legal reasons, artwork or writing without a completed submission form will not be considered for publication.**

All submissions are to be submitted electronically in the format of a word document, PDF or JPEG via email to mhsoac@mhsoac.ca.gov or via postal mail to the MHSOAC no later than **Friday, July 6, 2012.**
These forms are available at:
http://www.mhsoac.ca.gov/Announcements/docs/Invitation_Art_Writing_2012.pdf

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811
Attention: Jacie Scott
Subject: Art & Writing Submission
Telephone: (916)445-8728
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Email: mhsoac@mhsoac.ca.gov
Website: http://www.mhsoac.ca.gov

If you have any further questions, please feel free to contact Jacie Scott at Jacie.Scott@mhsoac.ca.gov or mhsoac@mhsoac.ca.gov

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Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

Ms. Argüelles: "Are there any additional Mental Health Service Act Updates that were not mentioned in your report?"

Mr. Stillwell: "There are no immediate noticeable changes in the MHSA. Realignments affected last year's MHSA services but not this year's.

The San Francisco MHSA has started planning for the second Annual MHSA Awards Ceremony. Over 90 certificates were awarded at the first Annual MHSA Awards Ceremony.

The San Francisco MHSA Fiscal Year 2010-2011 Annual Report is still posted for all stakeholders to review until June 16, 2012, which is the last day of the 30 day review period."

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: SUPPORTIVE HOUSING OVERVIEW, GAIL GILMAN, EXECUTIVE DIRECTOR, COMMUNITY HOUSING PARTNERSHIP.

Ms. Argüelles: "I would like to introduce Gail Gilman, Executive Director of Community Housing Partnership to present to us about supportive housing."

3.1 Presentation: Supportive Housing Overview, Gail Gilman, Executive Director, Community Housing Partnership

Dr. David Elliott Lewis: "I requested Gail to speak to the board tonight about Community Housing Partnership. CHP was founded in 1990 and assists people who are homeless in San Francisco to overcome homelessness permanently. She left CHP in 1998 and returned in 2002."

Ms. Gilman: "Good evening everyone. I became the executive director in 2010. Many CHP staff are former homeless people.

Community Housing Partnership (CHP) builds and rehabilitates supportive housing for formerly homeless youth, adults, seniors, and families who are in need of permanent housing. CHP has housing on Treasure Island and in the Western Addition. Additionally, CHP does property management and onsite tenant based services.

CHP's motto is *homelessness is just an episode and isn't pathology in a person's life*!

Not only do our clients receive recovery through the harm reduction model, but they also benefit from employment training programs because clients want to enhance their soft and hard skills. Our clients ask for community development and volunteer education, and they want neighborhoods to be organized with outpatient substance abuse treatment.

Our resident-identified needs, for example, include an intensive six-month outpatient substance abuse program in conjunction with mental health services. This program has been available since 2007.

CHP has about 1,000 supportive housing units with a 98% retention rate. It costs CHP about $10,000 per year to provide housing, but it cost the City of San Francisco about $25,000 when people are homeless. The 250% difference is due to shelter services, public safety and hospitalization expenses. Because over 51% of our staff personally experienced homelessness themselves, they have an instant connection with clients and mental health crisis. Our staff can offer relationship building and referrals to clinical staff.

I would like to use the rest of my time to answer questions."

Dr. David Elliott Lewis: "Can you talk about how supportive services are provided for clients with an acute severe mental health disorder?"

Ms. Gilman: "During the initial assessment, CHP tries to illicit a client's mental health history. After the assessment we offer peer-support and wrap around services.

When a client with severe mental illness creates problems for housing management, CHP attempts to engage the client's housing manager to offer the client services rather taking the drastic step of eviction."

Ms. Gilman: "CHP has two supportive housing systems. One is for families and the other is single adults. Half of our housing portfolio used to be federal subsidies for clients qualified for Section 8, which is antiquated. Now, we run an old fashion wait list. Tenderloin Neighborhood Development Corporation (TNDC) and Conard House are parts of CHP.

People seeking housing go to 519 Ellis Street for intake services; it takes at least one year to reach the top of the housing waitlist. Eligible individuals still lacking housing then attend a group orientation followed by a financial means screening. Once the verification for paying rent is complete, they go to the San Francisco Housing Authority to obtain income verification.

The threshold for paying rent requires that 30% of their monthly income is allocated to housing. Besides the monthly rent, there are the requirements for a security deposit and first month rent.

In 2007, we instituted the supportive housing referral program for new properties. This program is similar to the first but does not require a visit to the SF Housing Authority for income verification because we outsource that to a third party.

CHP does have permanent housing program for homeless seniors, people with disabilities and youth where most single adults don't transition to other housing arrangements. Families that initially qualified for permanent housing sometimes transition out of CHP about 5-7 years later."

Mr. Joseph: "How does the public get involved in CHP's fund raising?

Ms. Gilman: "CHP does not have a formal volunteer program at the moment, but we are exploring. Job with CHP is posted. One property provides volunteering opportunities to people who are over 52 years old."

Ms. Landy: "What is your supportive housing waitlist?"

Ms. Landy: "Our waitlist is 300 people. San Francisco City's list is about 6,600 names."

Ms. Brooke: "What happens when job placements result over qualification for rent subsidy?

Ms. Gilman: "There is an income cap. Usually only families have transitioned out of CHP due to both parents getting jobs."

CHP offers three vocational training programs: Desk Clerk Training, Maintenance Training and Recycling and Environmental Training Awareness Programs (REAP). Only 30% of our clients have earned income while 60% of the clients are on Supplemental Social Security Income.

Many clients prefer work that create short term opportunities. Our Social Enterprise provides 18-24 months of supported employment."

Mr. Joseph: "What is the size of your housing?"

Ms. Gilman: "We have studios, 1 bedroom and 2 bedroom units depending on the building. On Treasure Island we have three-to-four bedroom places. Anything above a studio requires an adult with a minor dependent like a single mother."

Ms. James: "Are training programs opened to others?"

Ms. Gilman: "Yes, our vocational support includes other in supportive housing."

Mr. King III: "Can you talk more about the Maintenance Training Program?"

Ms. Gilman: "A landlord hires us to clean out bedbugs. We can do preparatory work like bagging and tagging linens and personal belongings of residents. We also do laundry, if needed. Right now, we work with Supervisor Jane Kim's office on the Bedbug Task Force."

Dr. David Elliott Lewis: "How are the recent changes in the Redevelopment Agency affect CHP?"

Ms. Gilman: "Our current development pipeline includes two projects. Currently, breaking the ground are 144 units at the Transbay terminal, a redevelopment area, and Edward II Inn is a collaboration with Larkin Street Youth Services, in the Marina.

Funding for housing development in San Francisco is scarce, and Mayor Edwin Lee is putting a housing trust fund on the ballot.

Return on Capital includes an operating subsidy and service subsidy of about $800,000 – $900,000 annually. The argument for subsidies is diversion from homelessness, ER and public safety. So the City needs to commit to these subsidies in addition to capital. We see more homelessness with families. Not everyone needs supportive housing."

Ms. Landy: "Do you have any other partnerships in educational opportunities?"

Ms. Gilman: "We had been more vocationally focused, G.E.D and AA degrees, but, with more client-driven demand, we are now focusing on education advancement. For youth we focus more on modified behavioral diversion and family programs. It takes about two-and-half generations to break the cycle of homelessness."

Ms. Argüelles: "Does a client being hospitalized risk CHP's supportive housing and services?"

Ms. Gilman: "When a client becomes a patient, the client must be able to keep making rent payments. A few exceptions we've had. It's just on a case-by-case basis."

Ms. Argüelles: "What happens to a client who became incarcerated?"

Ms. Gilman: "Also, as long as clients can pay rent, they continue to receive supportive housing. However, when a client is hospitalized or incarcerated and cannot pay rent, that client's supportive housing status is lost."

If rent cannot be paid, unfortunately, the client will lose the housing entitlement."

Ms. James: "What happens to pets when a person becomes your client?"

Ms. Gilman: "Clients must abide by the pet agreement. Small pets are allowed in CHP housing."

3.2. Public comment

Charles Pitts: Speaking eloquently, Mr. Charles Pitts respectfully disagreed with Ms. Gail Gilman's portrayal of CHP. He would like her to be cognizant of how her organization has responded to tenants' concerns.

From his point of view, he mentioned that residents with mental health issues in hoarding and cluttering were not treated with dignity by CHP. He has tried for several years to get hoarder and clutterer meetings established.

His other specific issue was the lack of response from CHP in regard to the bed bug issue and felt that CHP staff were evasive about his health concerns.

He has had negative experiences and has been victimized. His needs were ignored. One of his housing managers cursed him out. He, also, felt CHP's lawyers use the threat of eviction in a retaliatory manner. He mentioned that CHP only responded if clients called DPH or the building inspection department.

Ms. Gilman: "We partner up with the Mental Health Association's hoarder and clutterer program."

Mr. Joseph: "How does your place response to legitimate grievances?"

Ms. Gilman: "We do have a full grievance procedure in place."

Mr. Wise: He brought up the housing needs for transitional age youth in the City?

Ms. Gilman: "Research shows that transitional age youth do well in small buildings. We are building supportive housing of 24 units with the Larkin Youth program."

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public comment

No public comment because the Chair announced that no votes would be taken because quorum was not achieved.

4.2 . PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of May 9, 2012 be approved as submitted.

4.3. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the Department of Public Health to Maintain Sufficient Services to Prevent Vulnerable San Franciscans from Suffering the Loss of Critical Services.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

- AIDS ride thank you to everyone for their support. There were about 2200 riders ranging in age from 18 to 82. A 72 year old woman has been on the ride for 17 years. Ms. Brooke raised over $6K for the cause.
- Thursday June 14, 2012 from 6:00 PM to 8:30 PM is the 45th Anniversary of Westside Community Services. Dr. Maryann Jones was a former Mental Health Board member and now she is the CEO of Westside Community Services.
- Friday June 15, 2012 at 7 PM is the In the Hive movie at the Lorraine Hansberry Theater.

- Thursday June 21, 2012 from 6:00 PM to 7:00 PM is the San Francisco Mental Health Educational Funds, Inc. (SFMHEF) board meeting.

- Wednesday June 27, 2012 is a public hearing on Girls in San Francisco. This hearing was the result of hard work by the Commission on the Status of Woman's new report entitled An Update on Girls in San Francisco: Girl's Forum: A Decade of Success and Challenges.

- Thursday June 28, 2012 is the all day Race, Class and Gender training at the San Francisco Public Library. Any board member can attend the training. After the training, there will be a film, *Miss Representation*, showing the psychological effects of the emphasis of woman's body rather than a woman's other attributes.

- The Central City Hospitality Art show is still available until June 30 2012.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles: "Respectively, we are circulating condolence and congratulatory cards for James Keys, who recently loss his brother and longtime partner, and Sarah Accomazzo who is getting married this coming Saturday in Colorado, for board and staff to sign.

On June 6th, I attended the 2012 fundraising event for Hunter's Point Family. On June 7, 2012 I attended the Chinese for Affirmative Action dinner at the table of former Chief Fong. I am urging Supervisor Chiu to encourage a supervisor to apply for their vacant seat on the mental health board.

And finally, the Executive Committee will be working on the Annual Report this month and would very much like the help of other board members. Please let me know if you would like to help. The Executive committee meets Thursday, June 21st at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting."

5.3 Report by members of the Board on their activities on behalf of the Board.

Dr. David Elliott Lewis: "I met with Fiona Ma's office about deregulation of telecommunication services such as life line service for low-income households."

Ms. Miller: "We met with Stanford folks and Dr. Nadine Burke to address PTSD in the BVHP. We hope to put together a summit this month."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Dr. David Elliott. Lewis: "I'd like to hear from Sgt Kelly Dunn on the crisis intervention team training."

5.5 Public comment

Ms. Nancy Cross: She commented to the board about smoking in San Francisco's SRO and shelters. She would like the board to assess the detrimental effects of smoking on residents' mental health in San Francisco SRO's and shelters. She felt there is contempt for residents' wellbeing when the City is not enforcing health safety standards in these places.

Mr. Charles Pitts: He has attended many San Francisco board and commissioner meetings. He has been attending the Local Homeless Coordinating Board, the Shelter Monitoring Committee and the SRO Task Force.

He commented the Mental Health Board has been in compliance with the Sunshine Ordinance.

Ms. LaVaughn Kellum King: She has noticed that healing is starting to work between Visitacion Valley and the Bay View Hunter's Point communities. She said Commander Makil Ali who is with the San Francisco Police Department will attend the Healing Circle which happens every 1st Thursday of each month.

ITEM 6.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 8:10 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, July 11, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: BEVAN DUFTY, DIRECTOR OF MAYOR'S OFFICE OF HOPE (HOUSING OPPORTUNITIES, PARTNERSHIPS AND ENGAGEMENT)

For discussion.

3.1 Presentation: Bevan Dufty, Director of Mayor's Office of Hope (Housing Opportunities, Partnerships and Engagement

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 . PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of May 9, 2012 be approved as submitted.

4.3 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of June 13, 2012 be approved as submitted.

4.4. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the Department of Public Health to Maintain Sufficient Services to Prevent Vulnerable San Franciscans from Suffering the Loss of Critical Services.

4.5. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will not meet in the month of August 2012.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Loy Proffitt, Administrative Manager, Mental Health Board, 415-255-3474 or lproffitt@mhbsf.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the

removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

Edwin Lee
Mayor

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Unadopted Notes

Mental Health Board

Wednesday, Jul 11, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Sgt. Kelly Dunn; Lynn Fuller, JD; Wendy James; Noah King III; Alyssa Landy, MA; Virginia S. Lewis, LCSW; MA; Lena Miller, MSW; Terence Patterson, EdD, ABPP; and Alphonse Vinh, MS.

BOARD MEMBERS ON LEAVE: Kara Chien, JD.

BOARD MEMBERS ABSENT: Errol Wishom.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); James Stillwell, Deputy Director of Community Behavioral Health Services (CBHS); Bevan Dufty, Director of the Mayor's Office of HOPE; Elizabeth Lisa Ochs, RN; Holly Trief; Charles Pitts and two members of the public.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:32 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes on the agenda.

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles introduced Jim Stillwell, Deputy Director of CBHS to give the Director's Report in lieu of Jo Robinson.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Stillwell stated that Jo would like the board to know that Ken Epstein is the new director of Children Youth and Family (CYF) Services.

He shared the July 9, 2012 CalMHSA (the California Mental Health Services Authority) memo, which is attached to this months director's report. This memo describes the use of social media to connect at-risk youth between the ages of 14-24 years old to join in our anti-stigma and discrimination reducing movement.

There are no proposed cuts in the City's budget, and a 2% increase across the board for mental health services is expected. This is the best news in five years.

Regarding the State's budget, we attended the June 2012 realignment meeting in Sacramento. We heard a high probability of cash infusion for the MHSA. The amounts being considered are a couple of million dollars increase."

Dr. David E. Lewis asked what categories are in the Department of Public Health's operating funds.

Mr. Stillwell stated that there are about 17 classifications.

Please see the attached July 2012 Director's report.

Monthly Director's Report
July 2012

1. Welcome to our new Director of Children, Youth and Families System of Care

On July 9, 2012, Community Behavioral Health Services welcomes Ken Epstein as the new Director of Children, Youth and Families System of Care. With all his many years of experience working with children, youth and families, we are very pleased and privileged to have him join our department.

2. "My" Avatar

Community Behavioral Health Services (CBHS) is gearing up for the implementation of "My Avatar," a new look and feel for Avatar (Electronic Health Record). CBHS staff have been using Avatar since July 1, 2010 to document client treatments. "My Avatar" will change the way clinicians' interact with the client record, it will make it more intuitive and user friendly to get the clinical information at the right time in the workflow. CBHS IT is looking forward to training the over 2,400 Avatar users starting at the end of August in preparation for implementation in the fall of 2012.

3. Haight Ashbury Free Clinics – Walden House Changes Name

On July 1, 2012, Haight Ashbury Free Clinics – Walden House became known as HealthRIGHT 360. Dr. Vitka Eisen, Chief Executive Officer, stated that last year's merger presented them with the opportunity to rebrand and market with an identifiable name that would allow them to grow with

enhanced services; be more reflective of the services provided; and not be geographically-bound to one local.

4. MHSA- 2nd Annual MHSA Awards Ceremony

MHSA is please to announce that it has begun the planning process for the 2nd Annual MHSA Awards Ceremony, in which consumers are recognized for their achievements in wellness and recovery. If you or someone from your agency (staff/peer/consumer) would like to help in planning for this wonderful event, please attend the next planning meeting which is set for Thursday July 12th from 1-2:30 at the Mental Health Association, 870 Market Street, Suite 928. For more information, please contact Lisa Reyes at 255-3613 or Lisa.Reyes@sfdph.org.

5. CalMHSA's Stigma and Discrimination Reduction Social Media Plan

Attached is CalMHSA's Stigma and Discrimination Social Media Plan and information regarding the July 9 launch of the social marketing campaign. (See Attachment 1)

6. Recovery Survey

I would like to take a moment to thank you all for supporting the Recovery Survey sent out the end of May. This is part of a broad effort to assess and improve the quality of services we deliver to our clients, by ensuring that we espouse MHSA Principles and the Recovery Model in all areas of our work. We had 982 respondents! This is fantastic. Thank you.

Three people won the raffle for the $50 gift cards, and they were:

1. Ariana Mofran, Peer counselor
   - Agency: Thunder Road
   - Program: Teens in treatment

2. Lisa Amico, Supervisor
   - Agency: HAFC-Walden House
   - Program: Mental Health Department

3. Augusto Guerra, Clerical Staff/Administration
   - Agency: DPH/CBHS
   - Program: Mission Family Center

In approximately 6 months, we will administer a follow up survey. Please be sure to support the effort again at that time.

If you have any questions or concerns, please contact Madeline Ofina (Madeline.Ofina@sfdph.org) or Diane Prentiss (Diane.Prentiss@sfdph.org, 255-3696) in the Office of Quality Management.

7. Applying for a Grant? Need a Letter of Support?

The Department of Public Health Process:

- Draft the letter you would like the Director of Health to endorse.
- Send an email version of your draft letter to jana.rickerson@sfdph.org, Department of Public Health, Grants Administrator.
- Your letter will be reviewed and approved.
- You will be contacted by the Office of the Director of Health once your letter has been officially signed.

**Please remember all Letters of Support from the Department of Public Health must be signed by the Director of Health.*

For more questions, please contact Jana Rickerson, Grants Administrator, at 415-255-3940 or Richelle-Lynn Mojica, Grants Manager, at 415-255-3555

8. **RAMS and SFSU are Now Accepting Applications to Fall 2012 Specialist Mental Health Certificate**

RAMS, in collaboration with SFSU, is very pleased & excited to announce that the Peer Specialist Mental Health Certificate Program is currently accepting applications for the Fall 2012 Class!

Richmond Area Multi-Services, Inc. and San Francisco State University Department of Counseling jointly developed and are offering the Peer Specialist Mental Health Certificate Program. Funded by the Mental Health Services Act (MHSA), the primary goal of the Certificate program is to prepare consumers of community behavioral health services or family members with the basic skills and knowledge for entry-level peer counseling/specialist roles in the community behavioral healthcare system or to further their career in the field.

We are seeking individuals who are:
- at least 18 years old
- residents of San Francisco
- have completed at least high school level education or GED
- current or past consumers of behavioral health services and/or family members
- and are interested in entering or furthering their career in the community behavioral health system as peer specialists/counselors

We will be accepting applications until Friday, August 10th, 2012 at 5:00pm. We are holding an Open House on July 17th.

Brochures, flyer, and applications are also available for download at www.ramsinc.org (click on the link for the Peer Specialist Mental Health Certificate on the left-side of the webpage).

Please feel free to contact Christine Tam, Program Coordinator, with any questions at christinehtam@ramsinc.org or by phone (415) 668-5955 x386. We look forward to the Fall 2012 class in September and continue training the next generation of Peer Specialists/Counselors.

9. **I Got Better** - ***a reminder of wellness and recovery from our peer specialist colleagues***

Keeping the spirit of wellness and recovery in mind, someone came up with a new response to people who just don't seem to get it. After listing to people telling you why it is that you are not in Wellness and Recovery, you listen quietly and when they are done you just simply respond "I got better."
We are all looking forward to hearing those words uttered from out clients. Rejoice, it will happen.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please **e-mail** richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

There were no additional Mental Health Services Act updates that were not included in the July Director's Report.

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: BEVAN DUFTY, DIRECTOR OF MAYOR'S OFFICE OF HOPE (HOUSING OPPORTUNITIES, PARTNERSHIPS AND ENGAGEMENT).

Ms. Argüelles introduced Bevan Dufty, Director of the Mayor's Office of HOPE, which stands for Housing Opportunities, Partnerships and Engagement. Mr. Dufty was formerly the Supervisor for District 8 in San Francisco, and during his first term he filled the supervisor seat on the Mental Health Board and attended meetings regularly during his year on the board.

She stated that we would use a little different format tonight, which was suggested by Nancy Cross, a member of the public who has attended recent meetings. Rather than a formal presentation, we will have a conversation with Mr. Dufty, asking questions and then board members may also ask questions.

3.1 Presentation: Bevan Dufty, Director of Mayor's Office of Hope (Housing Opportunities, Partnerships and Engagement

Question 1: Please share a brief overview of your positions with the City of San Francisco up to your current position.

Mr. Dufty thanked Ms. Arguelles for the warm introduction, stating that it was great to be here tonight.

He stated that he would talk briefly about himself, do a Q & A then share some ideas about how board members can engage with the San Francisco Board of Supervisors.

He started as a supervisory aide for the former Supervisor Susan Leal who served during Mayor Willie Brown's administration, and then coordinated the Mayor's Office of Neighborhood Services. In 2002, he was elected as supervisor for the San Francisco 8th district, and was reelected in 2006. While serving as a supervisor he was in the Mental Health Board's supervisor seat. He was behind the initiative of hiring of social workers to engage in outreach services with homeless people who often congregate at the San Francisco's main library.

After completing his supervisory term in 2011, he was appointed to be the Director of the Mayor's Office of HOPE by Mayor Ed Lee. He has the deepest respect for Mayor Ed Lee and wants to serve San Francisco with great honor. Although he doesn't always keep up with the rapidly evolving electronic technologies, he has learned to use Twitter to update people about homeless policies and public housing issues in the City.

Question 2: Do we understand correctly that the Mayor's Office of HOPE (Housing Opportunities, Partnerships and Engagement) was formerly the Mayor's Office of Homelessness?

Mr. Dufty confirmed that understanding and stated that he is all about systemic changes. Six families were offered units at the Sunnydale Public Housing development but they preferred to live in shelters. We need to look at these issues.

Question 3: What's the scope of services for your office?

Mr. Dufty stated that his role is to stir the "pot." Supervisor Jane Kim passed a resolution urging the Director of HOPE to develop a series of recommendations on shelter service access for homeless clients.

Under the first-come-first-serve in-line system, for example, homeless people must queue up in the long line for once-a-day meal at Glide then they must hurry up to get in line on time for one of the limited shelter du jour beds that are available on a first-come-first serve basis that night. Many homeless people face barriers to shelters because shelter sign up moves very quickly, so they often spend the night on the street where they become easy prey and are exposed to the elements. We are doing this to homeless families with young children!

The current system presumes that homeless people are very organized. However, many homeless people have multiple diagnoses not to mention children too. This system is an onerous one, frankly, it's an ADA lawsuit in the making!

He is suggesting utilizing the 311 system for shelter access. Homeless people can use texting technology to check-in for shelter availability. Also, chronically homeless people should be able to sign up for 30 day or 90 day housing. Having dependable shelter, homeless people can focus on finding jobs and recovery. When people experience a homeless episode, they have been traumatized, same as with Sunnydale Public Housing.

Question 4: How do you see your office influencing opportunities for people who are homeless?

Mr. Dufty said he is angered by the mean-spiritedness of the blame-the-victim attitude toward homeless people with schizophrenia. Why is all there such hostility toward them! Usually it takes about a year for a homeless person with schizophrenia to qualify for supplemental social security income and MediCal in California. San Francisco is one of the two cities in the nation was chosen to participate in a presumption pilot program by the Social Security Administration. This pilot program may come into fruition for the rest of the nation. Under the presumption qualification program, a homeless person with schizophrenia may receive SSI and MediCal by the fifth business day.

Another pilot program is WOOF (Wonderful Opportunities for Occupants and FIDOS). There's lots of compassion for animals in San Francisco. About 500 dogs have come into the shelter system. Since people living in SRO's resort to panhandling for supplemental income on their barely subsistence allowance to live, eat and thrive, the WOOF program is job creation for dog walkers, groomers and veterinarian technicians, and at the same time it cuts down on euthanasia. People living in Community Housing Partnership units can participate in the San Francisco Animal Care and Control's rigorous training program to learn about dog training and handling."

Dr. David E. Lewis asked what happens if they fall in love with each other?

Mr. Dufty said that the first dog can be adopted, since CHP allows small pets. But the second dog adoption may not be possible. The Board of Supervisor passed legislation requiring dog walkers to get trained, which cost about $600. WOOF encourages self esteem because learning to care for another living being can make a positive impact on the life of a dog and its future adoptive families!"

Question 5: How does your office connect with mental health services for people who are homeless?

Mr. Dufty said that one of the issues is the intersection of homelessness and mental illness and that mental illness is another disability.

Public housing should be available and be accommodating to seniors with a disability and homeless people with mental illness. Only neighbors seem to report when they see disabled seniors or a homeless person with mental illness being victimized. Shelter access has not met the needs of people with severe mental illness and/or mental health conditions. He thinks there ought to be a step-up shelter offering hybridized services like nursing home care and housing to accommodate people with special needs. He wants to see them living with peace and in a peaceful environment.

There are homeless people ranging in age from 20's to 40's coming into shelters with some form of disability. These people are the catalysts for change. The housing authority seems more interested in evicting them, not to mention the expensive eviction process itself!

State compensation for victims of violent crimes needs to be more available for victims in the southeast sector area. He would like to see the Mental Health Board be more involved. Just being seen going to the district attorney's office can be seen as a threat to perpetrators, and it means life-and-death retaliation for the victims!

But if the board collaborates and ensures safety for victims who are willing to come forward, then the victims can get compensations for violent crimes."

Question 6: How do people connect to your office and its services?

Mr. Dufty shared that he doesn't see himself as a direct service provider per se. He distributed a sheet listing his staff: Dee Schexnayder, Manager, Public Housing Excellence; Amanda Kahn Fried, Deputy Director for Policy; Nima Eslamieh, Program Assistant; respectively.

There needs to be a moral voice out there. He thinks people need to be challenged in this City. He went to the Interfaith Council and challenged them. He sees a disproportionate homelessness in the African American community.

He thinks we need to have a "Homes for Heroes" program for veterans. There are veterans with vouchers for one bedroom places, yet there are only six landlords who called in to say they have places ready to be inspected and be rented to homeless veterans! Many landlords discriminate against veterans and prefer young renters with high FICO scores and who work for places like Google!

People spend years waiting for a section 8 voucher. But once they are housed, we don't provide any education to them on how they can maintain housing. We could have Lowes or Home Depot come in and train these people on how to maintain their housing because many homeless people who have not lived in market-rate housing don't know what it takes to maintain housing, let alone understand the lease agreement.

Question 7: What is your longterm goal or vision for your office? There have been articles about things such as your plan to give people who are homeless a stipend for taking care of an animal from the animal shelter. How do you see this as changing whether they continue to panhandle? What oversight will be happening so that animals are fed and cared for and aren't abused or in unsafe situations where they might run into the street?

Mr. Dufty stated that often homeless people treat their pets much better than themselves. For example, at St. Anthony kitchen, there has been a client who always piles his food plate really high but has eaten nothing on the plate because he has been sharing the food with his dog!

People for the Ethical Treatment of Animals have claimed that my proposed WOOF plan is a form of animal cruelty and have proposed a $10,000 pledge to the City if there is a ban on allowing homeless people to have pets. By the way, Pet Food Express has been donating all pet food to animal shelters and homeless shelters. He stated that if he were a dog seeing a needle coming toward me to be put down, he would rather be with an addict than be euthanized forever!

Question 8: Another idea is a wet house where people can continue to drink. How do you envision this?

Mr. Dufty asked how many people have heard of Seattle's 1811 Eastlake residence. Basically, he is all for wet housing. Mayor Ed Lee likes the program and does not understand why the program is so controversial for San Francisco.

Seattle's 1811 Eastlake has 30 units of dorm style living with 45 efficiency apartments. Research shows that people with alcoholism in fact drink less when alcohol is permitted in a wet housing program.

In San Francisco, our current alcoholic homeless population, our top 225 people usually cost San Francisco about $60,000 per person in services from emergency room care, to public safety, to sobering centers, to court expenses.

In Seattle, Washington, the 95 participants in their wet housing program saw a tremendous daily cut in alcohol consumption by 40%.

We are going through the neighborhood approval process right now. He is hoping within the next year that we will have a wet house.

Ms. Virginia S. Lewis inquired about chronically mentally ill people with multiple diagnoses living in wet housing when they need to be compliant with their psychotropic medications.

Mr. Dufty stated that he knows staffing is intense both financially and in terms of human resources. There are about 1,500 medically supported units out of 5,000 units available for homeless clients. He needs to understand more about the medical needs by talking to people in direct access to housing. He is happy to come back and report what he has learned from them.

Question 9: In a city where rent has increased 30% over the past two years making a one bedroom cost more than a person takes home a month earning minimum wage, how do you envision expanding housing opportunities for people who are homeless?

Mr. Dufty stated that they have applied for a housing grant and he heard that the grant is moving up the list. He thinks we need to have the Housing Trust Fund on the ballot. He thinks that in process is an increase in property taxes above $1 million dollars to pay for supportive housing.

He has seen lots of people who are homeless and who have come from public housing because they were evicted, or just received a letter and left because they felt intimidated.

There is $3 million being sponsored by Supervisor Jane Kim with $1 million for shelters, $1 million for resource centers and $1 million for rapid housing programs.

He thinks we need to have homeless centers support people seeking employment so they can work debts off, which eat up a large portion of their incomes."

Ms. Fuller asked Mr. Dufty to share his thoughts on how we can elevate the board status and be more effective?

Mr. Dufty said that working closely with city supervisors and their platforms can align and promote the board interests. The board can strategically, for example, work with Supervisor Campos who is chairman of the school committee, and present the supervisor with examples of children whose educational progress is impeded by unnecessary psychotropic medications.

Let's take the Commission on the Status on Women where every year they approach a supervisor to honor women in the San Francisco community for their individual contributions. The Mental Health Board can work with the Board of Supervisors to recognize individuals who made significant differences in mental health or substance abuse or a success story.

Another way to be effective is for the board to update the supervisors on various board activities, health workshops, or needs of underserved communities.

He thinks the board has a moral obligation and should be a "bully" pulpit and get out and actively challenge various City leaders to positively respond to needs for seniors and the disabled. These people just want better access to services and support and not be frustrated by inefficient bureaucracies that various agencies seem to create, and access barriers for disabled seniors, and people with mental illness and/or substance abuse!

Rather than allowing the housing authority to evict people, I think the board can support me in establishing a public-housing-problem-solving community court with a therapeutic component. This court can adjudicate disputes, can address disabled seniors with severe medical needs and can advocate better care for homeless people with severe mental illness or behavioral health conditions. For example, people in public housing are afraid to come forward and complain directly to the housing authority for fear of reprisals.

He would like to see the board get elevated and get involved with the State Compensation for Victims of Violent Crimes to get more resources for victims in the southeast sector area. Going to the DA's office is often construed that the victims of community violent crimes are collaborating and the victims' family members are likely to be in jeopardy.

He thinks the board can push for step-up shelters and to advocate for seniors and disabled clients in public housing. For example clients can be advocated to have hoarding and cluttering services and mental health treatment so the housing authority would not resort to eviction.

It would be a good collaboration with the board to require media companies wanting to establish their businesses in San Francisco to allocate employment opportunities to homeless and disabled people and groom them for leadership or high-paying positions. There is such a huge disparity between the haves and have nots!

He thinks we can draw attention to the board with editorial letters on mental health and substance abuse issues to newspapers.

Ms. James asked why is there not an easier route for housing support like a one-stop service when people go to the welfare office?

Mr. Dufty stated that it is seen that people who are poor have difficulty accessing services in the City. There are about 10,000 people on the section 8 housing list that has not been open since 2001. The list has not been updated nor has it been centralized to help connect people on the list to housing.

Some communities have organized themselves to present their candidates with complete housing applications. He thinks the African American community needs more organization. The board could work effectively with various agencies to help clients with mental illness in the housing applications and present their clients to the housing agency.

The board can do audits of non-profits organizations and use a supervisor to get audits to help build capacity.

Dr. Patterson thanked Mr. Dufty for his hard work.

Dr. David E. Lewis asked who he should talk to in city government to advocate for creating a housing master list.

Mr. Dufty said he thought a unified master list could be requested from the City Controller's office.

Ms. Virginia S. Lewis stated that it seems that chronic mental illness can result for people going from housed to homelessness.

Mr. Dufty suggested looking into creating an eviction defense program and staff the program with graduate students in social work.

3.2. Public comment

Elizabeth Lisa Ochs: Ms. Ochs is an RN who has been working with PTSD children. She commented that there is not enough mental health professional in the City. She suggested that the board should go under cover as a homeless person going through the process of seeking housing services then the board should publish their experiences in the San Francisco Chronicle newspaper including other social media.

Mr. Dufty shared that Kevin Fagan is at the San Francisco Chronicle and can be contacted to write up mental health issues. It's an effective way to generate more press attention.

ITEM 4.0 ACTION ITEMS

For discussion and action

Ms. Argüelles stated that we did not have quorum at the June board meeting so there are several action items on the agenda from last month.

4.1. Public comment

No public comment.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of May 9, 2012 be approved as submitted.

Unanimously approved.

4.3. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of June 13, 2012 be approved as submitted.

Unanimously approved.

4.4. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the Department of Public Health to Maintain Sufficient Services to Prevent Vulnerable San Franciscans from Suffering the Loss of Critical Services.

RESOLUTION (MHB- 2012-05): THAT THE MENTAL HEALTH BOARD URGES THE DEPARTMENT OF PUBLIC HEALTH TO MAINTAIN SUFFICIENT SERVICES TO PREVENT VULNERABLE SAN FRANCISCANS FROM SUFFERING THE LOSS OF CRITICAL SERVICES.

WHEREAS, San Francisco is facing an uncertain projected deficit for FY 2012-2013; and,

WHEREAS, Community Behavioral Health Services has spent years building a strategic, cost-effective system of care with a focus on community-based treatment; and,

WHEREAS, a clear strategy and principles are necessary to address the City's short-term fiscal crisis; and,

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans; and,

WHEREAS, the Mental Health Board believes that the City has a moral or ethical duty to care for those people who are ill, suffering, in trouble, and in need; and,

WHEREAS, budget cuts to Community Behavioral Health Services will likely expose the City to increased costs through a rise in crime, homelessness, and utilization of emergency medical services while failing to provide humane treatment and the hope of recovery to residents with mental illness; and,

WHEREAS, the successful Community Behavioral Health programs have shown that with adequate and proper treatment, people can recover, and break the destructive cycle linked to mental illness and substance abuse; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Department of Public Health to maintain sufficient services to prevent vulnerable San Franciscans from suffering the loss of critical services; and,

BE IT FURTHER RESOLVED that the City actively seek new revenue sources in the form of fees or other sources of revenue.

Unanimously approved with grammatical change.

4.4. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will not meet in the month of August 2012.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

- Friday July 13, 2012 is the Consumer Conference. The keynote speaker is Sal Nunez who was honored by the board a few months ago.

She asked the board to consider co-organizing with Constant Contact company to host a series of workshops about social media for non-profits in CBHS. Ms. Miller stated that she would like to learn more about the realignment and would like to know the role of the MHB in prioritizing programs and services and how the board can direct resources.

Ms. Virginia S. Lewis said she would like to learn more about the role of the MHB in implementing or influencing mental health services.

Mr. Joseph said he would like to know about the role of the MHB in decision-making of fund allocation for services and programs in SF.

Ms. Fuller brought the California Welfare and Institutions Code Section 5604 to share with the board regarding the roles of the MHB.

Ms. Fuller passed around the California Welfare Institution Code (WIC) 5604.2

(a)The local mental health board shall do all of the following:

(1)Review and evaluate the community's mental health needs, services, facilities, and special problems.

(2)Review any county agreements entered into pursuant to Section 5650.

(3)Advise the governing body and the local mental health director as to any aspect of the local mental health program.

(4)Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5)Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6)Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7)Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8)Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b)It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

Mr. Patterson stated that he supported reviewing the board's roles but noted that it is primarily an advisory and review role.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles expressed her profound gratitude for the hours of hard work and creativity by Ellis Joseph for his graphic layout and design for the Annual Report. and the hours and hours of editing and-writing that Lynn Fuller did. She also wanted to thank Wendy James and Loy Proffitt for their proofreading. and David Lewis for his photography. Ms. Brooke shared that she feels the work of the board members on this report has significantly increased the quality.

The Executive committee meets Thursday, July 19th at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting.

5.3 Report by members of the Board on their activities on behalf of the Board.

Ms. Fuller shared that she edited the 2012 annual report.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Fuller would like to have a work plan to implement ideas we talked about.

Ms. Landy would like to hear more about Laura's Law. She also wanted to announce that at 7 PM tonight KGO is doing a segment on elderly homeless women.

Dr. David E. Lewis suggested that we have a Mental Health Board of San Francisco twitter account.

5.5 Public comment

No public comments.

ITEM 6.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 9:05 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor
Gavin Newsom

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The **Mental Health Board** meeting scheduled for
August 8, 2012
is

CANCELLED

The next meeting of the Board will be Wednesday,
September 12, 2012,
at
City Hall
One Carlton B. Goodlett Place
Room 278
San Francisco, CA

An agenda for the September meeting will be posted online at
www.sfgov.org/mental_health or can be viewed at
the Government Center at the San Francisco Public Library or at
the Clerks Office of the Board of Supervisors in room 244, City Hall.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, September 12, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATIONS:
For discussion.

3. 1 CHIEF KENTON RAINEY, BAY AREA RAPID TRANSIT (BART) CRISIS INTERVENTION TRAINING (CIT) FOLLOWUP REPORT AND INTRODUCTION TO THE BART CIT COORDINATOR

3.2 MHB EXECUTIVE COMMITTEE DISCUSSION REGARDING FOLLOW-UP ON 2011 BOARD RETREAT ACTION ITEMS, FORMING A MEDIA AND TECHNOLOGY COMMITTEE, AND OUTREACH TO MEMBERS OF THE BOARD OF SUPERVISORS.

3.3 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 . PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of July 11, 2012 be approved as submitted.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign

Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

Edwin Lee
Mayor

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Unadopted Minutes

Mental Health Board

Wednesday, September 12, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Sgt. Kelly Dunn; Wendy James; Noah King III; Virginia S. Lewis, LCSW, MA; Terence Patterson, EdD, ABPP; and Alphonse Vinh, MS; Errol Wishom.

BOARD MEMBERS ON LEAVE: Lynn Fuller, JD; and Lena Miller, MSW.

BOARD MEMBERS ABSENT: Alyssa Landy, MA.

OTHERS PRESENT: Jo Robinson, Director of Community Behavioral Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Laura E. Gonzalez, Coro 2012 Fellow; Wendy Yu, MHA-SF; LaVaughn King, Mental Health Services Act (MHSA); Jeremiah Wright, Ocean Avenue Mission and Ingleside (OMI) clinic; Fred Ghods, Mental Health Association of San Francisco (MHA-SF); Lisa Reyes, MHSA; Holly Trief; and four public members.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:44 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes on the agenda.

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles stated Jo Robinson will give the Director's report.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Robinson mentioned that on October 1st, 2012 at 5:15 PM is going to be the first time San Francisco Youth Commission votes on the video for providing education about the 12 N Ordinance, that was produced by BAYCAT (Bayview Hunters Point Center for Arts and Technology). She felt BAYCAT did an outstanding job at capturing the ordinance's essence and encouraged everyone to see the video.

She announced that San Francisco Children, Youth and Families (CYF) has been pro-actively working on becoming the early full-service implementer for foster care as a respond to the Katie A vs. the State of California lawsuit. The gist of the lawsuit has been about offering comprehensive and inclusive behavioral health services and treatment for children at an imminent risk of foster care placement or already in the foster care system. Since CBHS already has a Foster Care Medical Health program, these children can benefit from individualized mental health services, including but not limited to professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition.

She said that the State of California funding for re-alignment will have immediate ramifications on medically necessary care within Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

She pointed out that on the 4th and 5th pages of the Director's report is a report about the CANS (Children and Adolescent Needs and Strengths) assessment tool. The self reporting tool was piloted in 2008 and has been used throughout the US to obtain feedback on how well mental health services are benefiting children's needs. The State of California is considering the adoption of CANS.

She notified the board that Mr. Jay Avila is the new director of the Family Mosaic Program.

Also, she reported about the court's Hold for Services program where individuals with 20 outstanding citations or more are required to report to Judge Wang who presides over the Behavioral Health Court (BHC). People who come into contact with the criminal justice system due to mental health conditions are given the opportunity for jail diversion if they fully participate and are in compliance with BHC's treatment programs or services.

Please see the attached September 2012 Director's report.

Monthly Director's Report
September 2012

1. September is National Recovery Month

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a special section on its website (www.recoverymonth.gov/UT) for community organizations and service providers to teach people about prevention, treatment, and recovery as they promote September as National Recovery Month. Also available on the Recovery Month site is a special section on youth

and young adults that includes stories of recovery, resources for youth and young adults, and social media and other online connections for youth and young adults in recovery.

2. Recovery Day at the Ballpark

Recovery Day at the Ballpark with the SF Giants
Tuesday, September 25, 2012, 7:15 p.m. game
Pre-game festival before!
$15 donation – Checks payable to NCADA-BA

Each year, to celebrate National Recovery Month – September – the National Council on Alcoholism – Bay Area teams with the San Francisco Giants and A&E to sponsor at ATT Ballpark a pre-game recovery festival. The celebration is followed by the Giants game.

Recovery Day at the Ballpark is a great way to express gratitude for your or a loved one's recovery while also enjoying America's national pastime, all in one day (or night).

For more information, to purchase tickets, or to help sponsor the event, please email infor@nca-ba.org or call 415-296-9900.

3. National Drug Overdose Awareness Day Celebrated in San Francisco

On August 31st, 2012, San Francisco recognized National Overdose Awareness Day and celebrated the success of the Drug Overdose Prevention Education Program (DOPE) by granting the program and its director, Eliza Wheeler, a "Public Health Hero" award on the steps of City Hall. The award followed a march from the office of the San Francisco Drug Users Union in the Tenderloin to City Hall with community members, DOPE staff and other advocates carrying paper flowers and signs decorated with names of those who have been lost through overdose death. The procession was accompanied by a police motorcycle escort and music by the Brass Liberation Orchestra.

In the United States, the number of lives lost to accidental drug overdose has recently surpassed deaths caused by motor vehicle accidents, and increases in prescription drug abuse are contributing to these rates. The Director of the White House Office of National Drug Control Policy (ONDCP), Gil Kerlikowske, has outlined a national goal of reducing unintentional drug overdose deaths by 15 percent over the next five years.

San Francisco's DOPE program has been providing education about overdose risks, recognition and reversal since 2001, and has trained and provided naloxone prescriptions to at-risk individuals since 2003 (naloxone, also known as narcan, is a medication that reverses the effect of a narcotic overdose and revives someone who is unconscious due to an opiate overdose). DOPE has received @800 reports of overdose reversals since 2003, and has trained thousands of community members and clients to respond effectively to overdose incidents. In the past year DOPE's director, Eliza Wheeler was lead author on a Centers for Disease Control and Prevention MMWR publication on community-based naloxone programs, and was invited to speak about overdose prevention strategies before the Federal Drug Administration, the White House ONDCP, and the World Health Organization's World Health Assembly. San Francisco is actively planning to expand the work of

the DOPE project, and to work closely with clients in primary care, mental health and substance abuse treatment to further reduce overdose deaths.

4. San Francisco 49ers Create Suicide Prevention Video

This month the San Francisco 49ers became the first NFL team to produce an "It Gets Better" suicide prevention video. The video is aimed at LGBT youth who may be being bullied because of their sexual orientation, and offers words of encouragement and hope. The video refers those who may be thinking about suicide to the National Suicide Prevention Lifeline (877-273-TALK) and the Trevor Project Lifeline (866-488-7386),

5. ONDCP Director Gil Kerlikowske to Outline 5-Year Goal of Reducing Unintentional Drug Overdose Deaths Nationwide by 15 Percent

According to the Centers for Disease Control and Prevention, an estimated 37,000 people died from drug overdoses in the United States in 2009. Many overdose deaths involve the abuse of prescription opioid drugs. On Wednesday, August 22nd, Gil Kerlikowske, Director of National Drug Control Policy (ONDCP), will visit Wilkesboro, North Carolina, to participate in a discussion on the importance of a comprehensive community-based approach to overdose prevention, including an array of tools like overdose education, referral to treatment, and naloxone. The Director will outline a national goal of reducing unintentional drug overdose deaths by 15 percent over the next 5 years.

To address the problem of overdose and opioid abuse, the Obama Administration released Epidemic: Responding to America's Prescription Drug Abuse Crisis, a national framework for reducing prescription drug diversion and abuse. The National Drug Control Strategy - the Nation's primary blueprint for drug policy in the United States - also outlines support for the use of naloxone to reverse opioid overdoses. Director Kerlikowske will deliver his remarks during a meeting with officials from Project Lazarus, an innovative non-profit overdose prevention program in North Carolina, and ahead of International Overdose Awareness day, which will be observed on August 31st.

6. Mental Health Loan Assumption Program

The Mental Health Loan Assumption Program (MHLAP) is a financial incentive strategy designed to recruit and retain mental health professionals in the Public Mental health System workforce who reflect California's diverse mental health consumer population. It offers educational loan repayment to prospective and current employees who work in hard-to-fill or retain position in the Public Mental Health System. The closing date for applications was August 17, 2012.

The MHLAP is administered by the Office of the Statewide Health Planning and Development (OSHPD) and the Health Professions Education Foundation. This year over $10 million is available for awarded recipients; and the City and County of San Francisco has been allocated $185,639.66, a significant increase from last year's allocation of $92,000.

To learn more about the Mental Health Loan Assumption Program, please visit www.healthprofessions.ca.gov.

7. **Children, Youth and Families'**

Children, Youth and Families', in general, are preparing to meet the demands of the year ahead. This report will outline opportunities and challenges internally and externally to provide comprehensive, evidence informed services the children youth and families in San Francisco and most in need. Notably this month has been witness to an uptick in violence in Visatacion Valley. Crisis response and outpatient staff has been working with the community to respond to the after-effects of these tragic and violent events. In addition Child Crisis has served as a clearinghouse for information and coordination of some of our behavioral health services.

Internally challenges and opportunities include developing the appropriate infrastructure to respond to the needs of the organization, continuing to focus on strengthening the Family Mosaic Project service delivery model. With the work of the multidisciplinary work group complete supervisors are now implementing the updated program structure and responsibilities. Staff at all sites have begun to discuss the implementation plan. A new director for FMP, Jay Avila, begins on September 17th. She will lead the program towards a more integrated service delivery approach and help reinvision and repurpose FMP to meet the needs of the 2012 system of care.

In CYF we have begun to develop a conversation about further integrating substance abuse at all levels of our care continuum. This process will begin with planning for an internal summit to take stock of where we are today across the system and what we need to do to build a more comprehensive approach. The intention of this effort is to work with a variety of programs within public health including Special Programs for Youth, Maternal Child Health, Adolescent Health, Primary Care, Substance Abuse, TAY and CYF.

There is a lot of work with our partners currently. Over the next few months CYF will be issuing an updated RFP for our Mental Health Consultation to day care and preschool sites. This RFP is co-created with our funding partners at DCYF, First Five and HSA. SFUSD has a new superintendent and we are currently planning to meet with SFUSD staff to discuss our collaboration and ways we can better serve the schools. CYF has formed an internal work group to develop a strategy to assess our current capacity and develop a plan to respond to the Katie A. lawsuit. Katie A. certified a class of children in California who are in foster care or are at risk of foster care have a behavioral health diagnosis and are in need of mental health services. This class of children and youth are now entitled to be assessed and treated if needed under the declaration of this lawsuit. CYF staff will be working closely with Human Services Agency Staff to insure we are meeting this mandate. As San Francisco does already have Foster Care Mental Health we are assessing whether we qualify as an early implementer. This could provide more flexibility in program and funding for the county.

CYF, CBHS and the budget office are working to develop a plan that insures we are prepared for the ramifications of state realignment and the transition of Healthy Families to medical. These two initiatives provide opportunity to work closely together and with our partners to assess our system, our gaps and how to use the funding to effectively address their needs. At the same time we are working to insure that we can both meet the requirements of service entitlements such as medically necessary care within EPSDT. CYF has reestablished its access committee to help insure access to our system of care and the provision of best practices.

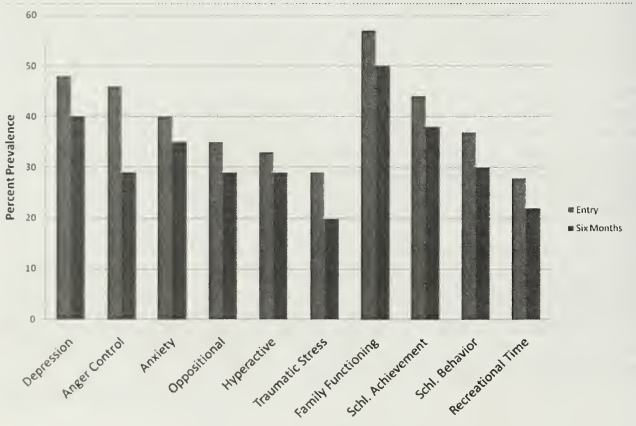
CYF has taken the lead in developing a system wide workforce development training for CBHS and our partners on trauma and complex trauma. The training is intended to build a common nomenclature and knowledge base among the staff on the incidence, segualae and the theories relevant to understanding and treating children, youth, families, adults and older adults who have or are experiencing trauma. The purpose is to develop a workforce that can deliver all of its services through a trauma informed lens, upon which to build evidence based practices.

8. **Child and Adolescent Needs and Strengths (CANS) Tool Longitudinal Profile**

The Child and Adolescent Needs and Strengths (CANS) tool was implemented across the child-serving system to create a shared understanding of client needs and strengths among youth, caregivers, behavioral health providers, supervisors and administrators. Items on the CANS are used to rate a child's behavioral and emotional needs, strengths, risk behaviors, functioning, trauma experience, and social and cultural context. Each item is rated on a scale from 0 to 3, with items rated a '0' indicating no need for intervention in this area, and items rated a '3' indicating a need for immediate or intensive intervention.

The CANS was first piloted in 2008, and implemented system-wide across all children's mental health service providers in the Fall of 2009. The CANS has been used to understand both the initial needs and strengths of children receiving specialty mental health services, and how those needs and strengths change over time. For this report, we will concentrate on the mental health needs domains, and how needs in those domains change over time. In our next update, we will concentrate on child and youth strengths and how those change over time.

Table 1. Children's Behavioral Health Needs, Risk Behaviors, and Functioning at Entry and 6-Months



In this table we see that Depression is the most common presenting problem for children and youth in our system. Nearly 50% of children and youth in our system present with Depressive symptoms requiring treatment at entry. About 45% of children and youth present with Anger Control (externalizing) concerns. After six months of treatment services, about 40% of children and youth have Depressive symptoms requiring treatment; children and youth presenting with Anger Control problems show a sharper decline in these problems (from 45% to 29%). In terms of Functional concerns, more than half of all children and youth have a need to improve their functioning and participation in family activities (57%). After six months of treatment, this need has dropped only slightly (to about 50%).

These profiles of change provide us with data about the initial presenting needs of children and youth, and our effectiveness as a service system in providing specialty mental health services to address those needs. These data begin to show some of our strengths and needs in treating children and youth. In the next installment of this series we will look at the data on children's strengths and strength development, to understand what strengths children and youth present with, and how we can build and build on these strengths over time.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

Ms. Robinson explained that in the last few months there were inaccurate and negative news articles that portrayed adversely how San Francisco County spends Early Intervention and Innovation dollars from the 2004 Mental Health Services Act (MHSA) in its multicultural multi-ethnic county. San Francisco was not the only county that got singled out, other counties were criticized as well in the articles.

She said that the articles want justification on two San Francisco programs. The first program was the Bayview Mental Health Wellness Center. This center has been offering unique culturally relevant programs and trauma informed care that are necessary in sustaining recovery of Bayview Hunters Point clients/patients.

The other program is peer supportive care. The role of peer support in mental health care is very important in clients'/patients' centered recovery, because many clients/patients like to work with peer staffers whose lived experiences inspire hope and offer comfort consumers in their path to wellness and recovery, since peer staff can relate to clients'/patients' personal challenges. To maintain and support peer staffer's on-going wellness and recovery, CBHS made a $600 investment in a pilot program that provides lunch-time yoga sessions for peer staffers to test if that helped reduce their stress.

She also pointed out that these two programs did receive prior authorization from the MHSA's oversight committee. The committee considered these programs to be appropriate to meet San Francisco's multicultural, multi-ethnic needs.

The news writers' misunderstanding of these San Francisco programs incited several law makers to demand a state audit, and she does not know if San Francisco County is on the audit list. There will be three programs selected from the Bay Area, the Imperial Valley and a rural county. "I would rather create [culturally appropriate behavioral healthcare] services than defend services" she said.

Lisa Reyes, the MHSA Program Manager at CBHS announced the MHSA Awards Ceremony 2012 and that MHA-SF (Mental Health Association of San Francisco) is co-producing of the event.

She explained that MHSA funds a broad continuum of mental health services, including much-needed prevention and early intervention, infrastructure, technology and training, and innovations. The MHSA Awards Ceremony honors the achievements of current and former clients in MHSA-funded programs in San Francisco. The MHSA Awards Ceremony is an opportunity to acknowledge the hard work of these consumers in creating change in their lives.

She mentioned that the nomination period ends on October 1, 2012 at 5 PM.

Fred Gosey thanked the board and encouraged the board to nominate clients and mentioned that 92 individuals were recognized in the MHSA Awards Ceremony 2011. He expressed that he would like to recognize about 120 people in the 2012 Awards ceremony which will be at the Unitarian Church on Friday October 19, 2012 from 12 – 4 PM.

Dr. David E. Lewis added that nominations can be based on individuals as well as agencies. The awards program has a positive impact for clients with mental health conditions; the award validates the important of on-going recovery and wellness while challenges the socio-institutional stigma and discrimination associated with mental illness and substance issues. He suggested the board should send in nominations via the www.MentalHealthSF.org website.

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: CHIEF KENTON RAINEY, BAY AREA RAPID TRANSIT (BART) CRISIS INTERVENTION TRAINING (CIT) FOLLOWUP REPORT AND INTRODUCTION TO THE BART CIT COORDINATOR.

3.1 Presentation: Chief Kenton Rainey, Bay Area Rapid Transit (BART) Crisis Intervention Training (CIT) Followup Report And Introduction To The BART CIT Coordinator

Ms. Argüelles introduced the Chief of BART Police, Kenton Rainey. Chief Rainey presented to the Mental Health Board in January of this year, sharing in particular his plans for training BART officers in effective interactions with people with mental illness. He will give us a brief update tonight and introduce the BART Crisis Intervention Coordinator.

Chief Rainey said that all BART officers will receive crisis intervention training (CIT). Working with Chief Greg Suhr, Chief of San Francisco Police, the BART chief has already sent some of his officers to SFPD's CIT trainings and other counties' for the 40 hour trainings.

He informed that 88 BART officers, so far, received the training, and expects an additional 14 BART officers will receive training by the end of the year. In total, BART has 200 officers, and there is a mandate from the BART Board to train both officers and dispatchers.

SFPD extended invitation to BART officers to attend meetings in 16th St BART, BART officers were receptive to the idea of working closely with a mental health outreach coordinator, who helps BART officers coordinate care for individuals with a behavioral health crisis. BART officers are getting trained to de-escalate tense situations.

The BART chief said that in the spring of this year, the BART board invited Ms. Brooke, Executive Director of the Mental Health Board to sit on the selection committee that was hiring a behavioral outreach coordinator, and the Chief introduced Mr. Armando Sandoval as the new BART's CIT Coordinator.

Mr. Sandoval worked at the Mobile Crisis Unit of San Mateo for 25 years. He has 30 years of experiences working with at-risk youth from the Mission and Tenderloin neighborhoods in San Francisco. During his 10 years of CIT trainings, he has included San Mateo youth in role playing scenarios. Part of his responsibilities at BART include developing BART appropriate response training.

Dr. David E. Lewis wondered about BART officers carrying Tasers.

Mr. Sandoval responded by saying that he only handles CIT training itself not BART regulations.

Chief Rainey commented that the CIT training and the use of Tasers are for de-escalation purposes.

The Chief said that when he was back in Washington DC at a recent conference, it was mentioned that the best practice for de-escalation is using time to slow down a heated situation during an initial contact, seeking reinforcement from supervisors and requesting help from CIT trained BART officers. BART officers with CIT training wear a pin to identify themselves. During the daily check-in process, BART officers and dispatchers are given a list of CIT trained officers to contact.

Mr. Wishom asked how candidates become BART officers.

Chief Rainey said qualified candidates are drawn from the same pool that other law enforcement agencies use to find candidates. He provided the www.BART.org website.

Dr. Patterson first confirmed that Mr. Sandoval is not a law enforcement officer himself then he asked about a target date to have all BART officer trained in CIT.

Chief Rainey hoped by year end another 14 more officers will be CIT certified, and by 2014 all officer will be certified in CIT as well.

The Chief said that he, along with the BART board, is very committed to CIT training. Even though it is a very expensive proposition, his utmost concern is public safety to everyone. He pointed out that, despite the high financial commitment to CIT, the SFPD is one of the few progressive law enforcement agencies and that the department trained over half of its personnel between 2001 and 2010 when the Mental Health Board coordinated the training.

Dr. David E. Lewis commended the BART Chief's forward-thinking-initiative and leadership style in instituting CIT training for the BART system. He was also glad to hear the collaborative efforts between the BART and San Francisco chiefs.

Ms. Robinson asked Mr. Sandoval about his vision in his role in CIT.

Mr. Sandoval concurred with Chief Rainey that CIT training is a good investment for both law enforcement agencies and the community at large because CIT has made a positive impact on BART riders.

He is very hopeful of the progress. He sees his contributions as a community outreach liaison. His role includes developing workgroups in Alameda and San Mateo and to coordinate collaborative trainings.

Ms. James mentioned that she witnessed a begging incident on BART and wanted to know what riders should do.

Chief Rainey advised that if any public member has a safety concern or see something suspicious then they should either call 510-464-7000 or use the intercom button or pick up the white phones that are located on each car on BART trains to notify BART authorities.

Lastly, the Chief ended his presentation by announcing that he recently got on the NAMI of Northern California board and he looks forward to working with the criminal justice committee.

Public Comment

Jeremiah Wright voiced that when a person with severe mental illness is in an acute active episode; that person often does not harm anybody and that person is just a little bit slow in respond to a police officer's immediate commands. People with mental illness may experience a temporary state of confusion and they are easily seen as uncooperative. But, he said, often harsh tones and loud noises just startle and exacerbate these people's affliction. He strongly recommended that BART police should not misinterpret these people's slow responses as being combative or uncooperative but to treat them with more patience.

3.2. MHB EXECUTIVE COMMITTEE DISCUSSION REGARDING FOLLOW-UP ON 2011 BOARD RETREAT ACTION ITEMS, FORMING A MEDIA AND TECHNOLOGY COMMITTEE, AND OUTREACH TO MEMBERS OF THE BOARD OF SUPERVISORS

Ms. Argüelles said the Executive Committee wanted to use this meeting to check in with where we are with the goals we established at the Retreat last December and to look at the legislative mandates for mental health boards as well as the suggestions made by Bevan Dufty to increase the board's role with supervisors and the city. Mr. Dufty has since spoken with Supervisor Cohen and

she would like to work with the board to organize a Supervisor Recognition hearing of Mental Health Heros in October 2012. In addition the Executive Committee is proposing two committees, one a media and technology committee and the other a committee of the entire board to contact each supervisor.

Ellis and Terence will lead this part of the meeting. In your packet you have a copy of the Retreat Goals, State Mandates, and Mr. Dufty's suggestions.

In the review and progress report on the Retreat goals, the board would be educated and get information on the five items done. The second goal would be action items such as developing a committee around media and technology to bring the board work to wider attention. A committee of the entire board contacts supervisors to inform and get information and find out about accomplishments for each district. She said each board member would make a quarterly report from their meetings with supervisors.

Mr. Joseph reviewed the 2012 MHB retreat goals with board members, and said he and Dr. Patterson would co-chair the Media and Technology committee.

Mr. Vinh volunteered to be on the Media and Technology committee.

Dr. David E. Lewis volunteered to be on the Media and Technology committee as well. He also suggested that the board should strategize platform alignments with members of the Board of Supervisors.

Mr. Joseph suggested events with supervisors should be included on the board's web site. He also suggested informing members of the Board of Supervisors about program reviews to keep them abreast of services and programs in the CBHS system.

Mr. Wishom suggested the board go into psychiatric wards to observe the environment.

Ms. Chien pointed out the psychiatric wards are usually for authorized personnel only.

3.3 Public comment

Ms. Gail Smith asked Ms Brooke for clarification on the relationship between board members and the San Francisco BOS.

Ms. Brooke said that board members are appointed by Board of Supervisors.

Ms. LaVaughn King mentioned that Supervisor Cohen was recently educated on how the MHB works when she spoke personally to her.

Jeremiah Wright believed Laura's Law is appropriate in a few cases when a person is in non-compliance and in an active psychotic state.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1. Public comment

No public comment.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of July 11, 2012 be approved as submitted.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

1. There are two upcoming workshops on social media with Constant Contact, 9/20/2012 and 9/25/2012.
2. Trauma Training October 4th conferences
3. Coalition on Homelessness event tomorrow at 5:30 PM
4. Ms. Brooke introduced Laura Gonzalez a Coro Fellow who has been helping the board in developing its conferences and social media focusing on women and girls.

Mr. Gonzalez stated that she grew up in Hopland in Mendocino County. She graduated from the California State University at Sacramento with a bachelor's degree in Government and Womens Studies. She is currently a 2012 Coro fellow for the board and wants to focus on re-branding and promoting the SF Mental Health Education Funds mission.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles acknowledged, along with the board members, condolences to Ms. Virginia S. Lewis, whose husband just passed away.

She said we had a very successful collaborative workshop with Constant Contact yesterday at the library about email marketing for non-profits. About 40 people attended and the presenter gave lots of solid information and little to no advertising of their company. She is looking forward to the next two workshops. All board members are welcome. It gave her a chance to talk about the board and to mention our openings.

The Committee decided to add a new regular item to the agenda. It would be 5.3: Suggestions of people or issues to highlight. This could either be a problem or concern, something to watch or a person or program to acknowledge. We would highlight an issue or person each month. It could be something someone says is not working or commend those for doing good work. It would be 5.3 and the next item would move down to 5.4. : Mental Health Board Recognition. Board members would suggest people or programs to spotlight. These names would then go to the Media Committee for recognition, possible articles, notice on the website and a newspaper liaison.

The Executive committee meets Thursday, September 20th at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting."

5.3 Report by members of the Board on their activities on behalf of the Board.

Dr. David E. Lewis attended the CBHS Quality Assurance meeting and felt very informed on how quality assurance works. He also mentioned that he will be a co-master of ceremony for the MHSA-2012 Upcoming Awards ceremony.

Mr. Vinh announced that he was recently hired as a part-time counselor with the Institute of Aging.

The institute starts to offer support to people 50 years old, since unaddressed mental health issues are becoming a lot more prevalent. As people age, their behavioral health needs are exacerbated by isolationism. There is a very high correlation between people with un-manageable mental health issues and premature death.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Wishom suggested an invitation to Tae-Wol Stanley, Director of San Francisco Medical Respite and Sobering Center, at 415-734-4200. The Medical Respite and Sobering Center is a partnership between CATS (Community Awareness & Treatment Services Inc.) and the San Francisco Department of Public Health (DPH).

Dr. David E. Lewis mentioned extending an invitation to NAMI-SF to talk about their high school programs.

Ms. Chien suggested a program similar to Laura's Law called Community Independent Pilot Project (CIPP) which is conservatorships in community.

5.5 Public comment

Ms. LaVaughn King announced that NAMI-SF's Family to Family offers faith based training on September 22th, 2012.

ITEM 6.0 PUBLIC COMMENT

Ms. Yu asked about the US citizenship requirement to be on the board.

Ms. Brooke responded that the citizenship is the State of California's requirement.

Mr. Wishom asked rhetorically why NAMI-SF stopped the In Our Own Voice program.

Mr. Wright whose mother was on the board recently, thanked the board for supporting mental health and substance use programs and services, and for collaborating with the City College of San Francisco in educating the community about early intervention, prevention, and treatment.

ADJOURNMENT

Meeting adjourned at 8:30 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, October 10, 2012
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATIONS: EDUCATIONALLY RELATED MENTAL HEALTH SERVICES IN THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND COLLABORATIONS WITH COMMUNITY BEHAVIORAL HEALTH SERVICES, KEVIN GOGIN, MFT PROGRAM MANAGER SCHOOL HEALTH PROGRAMS

STUDENT, FAMILY, AND COMMUNITY SUPPORT SERVICES DEPARTMENT SAN FRANCISCO UNIFIED SCHOOL DISTRICT; KRISTIN EDMONSTON, MSW PROGRAM ADMINISTRATOR STUDENT INTERVENTION TEAMS STUDENT FAMILY AND COMMUNITY SUPPORT SERVICES DEPARTMENT; ALISON LUSTBADER, LCSW, COMMUNITY BEHAVIORAL HEALTH SERVICES

For discussion

3.1 Educationally Related Mental Health Services in the San Francisco Unified School District and Collaborations with Community Behavioral Health Services, Kevin Gogin, MFT Program Manager School Health Programs Student, Family, and Community Support Services Department San Francisco Unified School District; Kristin Edmonston, MSW, Program Administrator Student Intervention Teams Student Family and Community Support Services Department; Alison Lustbader, LCSW, Community Behavioral Health Services

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 . PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of September 12, 2012 be approved as submitted.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

5.4 Report by members of the Board on their activities on behalf of the Board.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.6 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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SAN FRANCISCO MENTAL HEALTH BOARD

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Unadopted Notes

Mental Health Board

Wednesday, October 10, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Noah King III; Alyssa Landy, MA; Virginia S. Lewis, LCSW, MA; Lena Miller, MSW; and Terence Patterson, EdD, ABPP.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Vice Chair; and Errol Wishom.

BOARD MEMBERS ABSENT: Sgt. Kelly Dunn; and Lynn Fuller, JD; Wendy James; and Alphonse Vinh, MS.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); LaVaughn King, Mental Health Services Act (MHSA); Kevin Gogin, MFT, Program Manager; Kristin Edmonston, MSW, Program Administrator; Alison Lustbader, LCSW, CBHS; and one member of the public.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:44 PM.

ROLL CALL

Ms. Brooke called the roll. Quorum was not established.

AGENDA CHANGES

No changes on the agenda.

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles stated Jo Robinson will give the Director of CBHS.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Robinson informed the board that Community Behavioral Health Services (CBHS) still proactively plans for Katie A implementation that provides mental health services for foster care youth. Although there are not yet any State guidelines on the implementation, Children, Youth and Family (CYF) and Human Services Agencies (HSA) are partnering up because they want a smooth process in the implementation of Katie A.

Leading the public health system in San Francisco is Barbara Garcia, Director of Public Health, who wants to include awareness of psychological trauma in the system of healthcare. Clinicians and staff involved in patient/client care in CBHS, Laguna Honda, Department of Public Health and San Francisco General Hospital can assess and treat, including service referrals and linkage, for any psychological traumas in primary care, in behavioral health and in housing settings.

The chronic offender program is a multi-agencies collaboration between various law enforcement departments, office of the District Attorney, office of the Public Defender and office of the Mayor to provide treatment to people who have not responded to at least 10 citations.

In the upcoming weeks, Jail Psychiatric Services (JPS) will provide the second round of crisis intervention training (CIT) for sheriffs and deputies.

Please see the attached October 2012 Director's report.

Monthly Director's Report
October 2012

1. No Compliance Problems Found with Mental Health Services Act Programs Recently Highlighted in the Media

A comprehensive review by the Mental Health Services Oversight and Accountability Commission (MHSOAC) found no compliance problems in the 13 Mental Health Services Act (MHSA) programs recently highlighted in the media. These findings were released today at an Informational Meeting in Sacramento.

The MHSOAC report found that the program descriptions in the articles generally did not address the extent of the program's purpose linked to mental health outcomes, omitted details about programs' mental health interventions and did not differentiate between Prevention and Early Intervention (PEI) programs and Innovation (INN) programs. Prevention and Early Intervention programs are ongoing services designed to bring about mental health outcomes; Innovation programs are time-limited pilots and evaluations of unproven new or changed mental health practices.

The budget amounts mentioned in media reports were, in some cases, reported as annual amounts although were actually for more years than referenced in the articles. Also, some reported budgets actually funded more programs than were referenced in the articles.

In doing the review, MHSOAC staff looked at the statutory purpose and intent of the MHSA, requirements for PEI and INN programs, and trends identified in the counties' PEI and INN programs. In addition, MHSOAC staff communicated directly with the counties in learning more about the specific programs that had been identified, including program elements, implementation and costs and then validated that the programs comply with MHSA statutes and guidelines.

"In all of the programs highlighted by the media, we found reporting errors or omissions in every single one," said Dr. Larry Poaster, Chair of the Mental Health Services Oversight and Accountability Commission.

In all, eight of the programs in media reports were PEI programs and five were INN programs; PEI funds for the eight programs reported are less than 1% of total PEI funds distributed and INN funds were 4% of total INN funds distributed. In all, there are 485 PEI and 86 INN programs funded through MHSA.

"Although these programs mentioned in the media represent a fraction of PEI and INN that have been approved, the OAC takes seriously any allegations that the use of MHSA money is being inconsistent with law and approved guidelines," said Poaster.

Of the 13 programs, eight focus on services to people from diverse, underserved racial, ethnic and cultural groups. One of the priorities of the MHSA is to expand mental health services to underserved populations.

Proposition 63, also known as the Mental Health Services Act (MHSA), was passed by voters in 2004 and was designed to expand mental health services in California. It places a 1% tax on incomes above a million dollars and has generated more than $8 billion dollars for mental health services in California since 2005.

2. Brief Update on Status of Prop. 63 State Audit

As you know, the California State Auditor has begun conducting an audit of the Proposition 63 program, per the request of Senate Pro Tem Darrell Steinberg. In a hearing in the Capitol last month, the State Auditor, Elaine Howle, indicated that the audit will involve four counties: Los Angeles County and one county each in the Inland Empire, Central Valley, and Bay Area. As of this writing, CMHDA staff is only aware of Los Angeles and Sacramento counties having been officially notified that they will be a part of the audit. The other two counties are apparently yet to be determined.

3. Children, Youth and Families

Children, Youth and Families (CYF) has been working hard to incorporate new initiatives and strategies into the system of care. In terms of prevention, the Early Childhood Mental Health Initiative funding partners have been co-developing the RFP for our jointly funded mental health consultation. The discussions have focused on building on the already successful model and learning from experiences over the past 3 years. The Parent Training Institute (PTI) continues to expand and continues to have positive outcomes across a wide spectrum of programs and agencies. The director of PTI will be a keynote panelist at the upcoming conference for Triple P providers as the model has become one of the most effective national implementations of Triple P as an evidence based parenting program.

CYF is still awaiting final instructions on Katie A. implementation, which is the successful class action lawsuit advocating for mental health services for foster care youth. Meanwhile CYF has established an internal workgroup to discuss what we currently have in terms of services and to begin to plan for the implementation. CYF will begin meeting with Human Services Agency to build our

partnership, discuss program and fiscal planning and to ensure as smooth an implementation as possible. The state did release its formula for realignment dollars distribution to the counties and did include some estimation of Katie A. costs in the disbursement.

Educationally Related Mental Health Services (ERMHS) are in their second year after AB3632 was moved from behavioral health to education. CYF is contracted with the SFUSD to provide or subcontract the services. Currently CYF is meeting with SFUSD to clarify fiscal, legal and programmatic areas in implementing these services.

The Family Mosaic Project (FMP) has a new director, Jay Avila. The project has completed an extensive multi-disciplinary work group to re-establish core parts of the mission and function. Charles Morimoto did an excellent job filling in as program director during this time and Jay has already begun to establish herself as a leader for FMP. Over the next few months we will be working on the relationship with the state regarding our managed care contract and how this will look within realignment.

We are currently beginning our search for a CYF deputy director to help oversee the service continuum and operations. This position will be aligned with CYF managers assessing and restructuring our current administrative structure. Given the retirements in the department, our current staff have stepped up to cover responsibilities formerly helped by other managers. With the restoration of these positions, CYF will be able to structure itself around the realities of building an integrated, flexible and effective system of care that allows us to work better internally and more effectively with our partners.

4. Trauma/Grief & Loss Counseling Services through the high-school based Wellness Centers

Richmond Area Multi-Services, Inc. (RAMS) has had years of partnership with the San Francisco Wellness Initiative, a collaboration between the San Francisco Unified School District (SFUSD), SF Department of Public Health / Community Behavioral Health Services (SFDPH CBHS), and Department of Children Youth and Families (DCYF). The Wellness Initiative has established Wellness Centers in, currently, 16 of the public high schools in San Francisco. The Wellness Centers provide free, on-site, confidential health services to students including behavioral health counseling, nursing services, support and empowerment groups, and connections to health resources in the community. RAMS, specifically, is the core behavioral health services provider with on-site counselors/therapists, Clinical Case Managers, and an intern training program that recruits graduate students annually, to provide support to over 1,500 students a year. Over the course of RAMS work, they have experienced a high volume of students regularly affected by frequent acts of community violence that occur several times (sometimes more) a year. Each violent act simultaneously affects bands of students at several high schools at once and the volume of the problem outweighs the capacity of the Wellness Centers' staff. In response to this need, the Trauma/Grief & Loss Counselor (TGL) position was proposed by RAMS and funded through the Mental Health Services Act (MHSA) / SFDPH-CBHS in 2009. The TGL Counselor is integrated, and is available to all 16 Wellness Centers and provides immediate response to and intervenes in schools when students or faculty are affected by school-wide crises, such as neighborhood violence or deaths of students and teachers. The TGL Counselor provides debriefing, de-escalation, training, and short and long term group therapy. The TGL Counselor possesses a Master's degree (mental health field), is bilingual & bicultural, and has clinical expertise in working with adolescents and trauma/grief & loss issues.

Students are recruited for Trauma/Grief & Loss services in several ways. Following an incident of community violence or other tragedy (i.e. suicide or death of teachers) there is subsequent debriefing and containment at a school(s), after which students may directly agree to on-going group support. The Wellness Center staff also may identify students who have been referred to them by teachers or academic counselors; and have exhibited symptoms of trauma; or have admitted some experience with being victims or witness to violence. Staff will request TGL group services for these students. TGL services average about six groups per semester.

The curriculum for the Trauma/Grief and Loss groups is a combination of Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino, & Deblinger, 2006) and the Seeking Safety models (Najavits, 2007). Both models are present-focused and components-based and aim to help group members learn new skills to cope with and manage symptoms of trauma. Both have evidence that support their efficacy.

For the 2011-12 school year, the TGL Counselor provided services to 90 students and facilitated 11 groups at nine school sites. The participant demographics were: 51% Latino, 25% African American, with the remaining being Filipino, Multi-racial, Caucasian and Other. Approximately 70% of the youth had recently experienced the death of a family member or someone close to them while others had issues relating to immigration or other trauma (i.e. suicide or domestic violence).

To evaluate the effectiveness of the services, students are administered a pre- and post-test during their participation, based on the Child PTSD Symptom Scale (CPSS) (Foa, et al.,2001) which measures their level of PTSD symptomology on a 1- 51 scale. Students rating over 15 are considered to be above the clinical PTSD range. The Wellness Initiative's research partner, ETR (Evaluation, Training, Research) Associates collects the test data and reports annually on the outcomes. Consistently, the results have been promising. In the 2011-12 group evaluation survey, 100% of the participants reported a decrease in their PTSD symptoms with an average 16-point drop. Furthermore, 92% of group participants, at intake, were above the PTSD range; at the end of the group, only 44% of these students measured above the PTSD range.

It is these hopeful outcomes that support RAMS' commitment to serving San Francisco's youth in the Wellness Centers. RAMS continues to solicit feedback from students about services to identify and further strengthen culturally competent, consumer-driven programming and how to effectively support youth experiencing trauma symptoms.

5. California Mental Health Planning Council Meeting

The California Mental Health Planning Council (CMHPC) invites you to attend its meeting on Wednesday, Thursday, and Friday, October 17-19, 2012 at the DoubleTree by Hilton Hotel, 2001 Point West Way, Sacramento, California, 95815.

The Executive Committee will meet at 9:30 a.m. on Wednesday morning and the Continuous System Improvement, Advocacy, and Health Care Committees will meet at 1:30 p.m. Members of the public are welcome to attend and observe these meetings. On Thursday morning, the CMHPC will begin the General Session with opening remarks from Sacramento County Supervisor Phil Serna. The Council will have a remembrance of Councilmember Joe Mortz, who passed away in July, followed by an announcement and outline the Joe Mortz Memorial Award. Mid-morning, the Council will

discuss and address any outstanding concerns raised by the Planning Council's recent restructuring and revised schedule. There will also be an overview of the Council's recent mandate to form and implement a five-member Patient's Rights Committee, which will advise the Department of Health Care Services and Department of State Hospitals. (See attachment 1)

6. **Adult Transgender Cultural Competence and Cultural Humility: 101**

November 1st from 9am-12pm
November 9th from 1pm-4pm
November 15th from 5pm-8pm
Delancy Street Theater, 600 Embarcadero Street

This workshop is designed to educate service providers on important issues and trends affecting transgender people and their families. This workshop will address several key issues related to the health and wellness of the transgender communities. The primary goals of the workshop is to enhance the skills of service providers to provide culturally competent and welcoming services to transgender individuals and to expand the clinical knowledge and comfort level of medical, social and mental health care professionals, and frontline staff (security guards, receptionists, MD's, and therapists) in order to provide quality care to transgender individuals. The training will consist of viewing Transgender Tuesdays, a movie that documents the experience of SF Transgender patients at Tom Waddell Health Center and prior to the ability to obtain gender sensitive health care. It will also have two separate panel discussions and a presentation on the why and how to be a more welcoming clinic and provide a higher quality of care to our community. *****THIS TRAINING IS REPEATED, PLEASE REGISTER FOR ONLY ONE****

7. **Child Abuse Intervention Program**

The Department of Public Health has been recently certified by the San Francisco Adult Probation Department to provide a comprehensive year-long treatment program for eligible and suitable offenders convicted of Section 273(a) of the California Penal Code (Child Abuse/Endangerment) and/or Section 273(d) Penal Code (Child Abuse via Trauma Inducing Cruel Corporal Punishment) and placed on probation. In September, the Adult Probation Department began referring people on probation to the program.

The Child Abuse Intervention Program (CAIP) is a collaborative effort involving various community stakeholders and City Departments, including the District Attorney, the Mayor's Office, the San Francisco Domestic Violence Consortium, the San Francisco Child Abuse Prevention Center, Police Department, the Department of Public Health, and the San Francisco Adult Probation Department. CAIP will provide a range of interventions through treatment and evidence-based practices and proven mechanisms to address the causes of child abuse and to prevent relapse. These interventions include, Cognitive Behavior Therapy, Triple P Parenting Practices, and Thinking for a Change. The goal of treatment is to change attitudes and behaviors that lead to the maltreatment of children.

The program consolidates services and offers a comprehensive curriculum that conforms to the California Penal Code. San Francisco will be just the third of fifty eight counties in California to implement such an extensive program.

Special thanks to Janice Avery of CBHS for all of her important work in establishing and implementing this important intervention, which promotes wellness and recovery to individuals and families affected by child abuse in San Francisco. For further information please contact Janice Avery at (415) 292-2562 or Craig Murdock at (415) 503-4732.

8. Jail Psychiatric Services

Jail Psychiatric Services (JPS) works closely with San Francisco General Hospital staff to treat inmates who meet 5150 criteria. In particular, JPS has been closely collaborating with the new SFGH Psychiatric Emergency Services, Dr. Melissa Nau and the two new attending doctors on SFGH, Unit 7L, Drs. Laurie Chen and Katrina Peters. Recently, a group including representatives from JPS, CBHS, Placement, and SFGH to talk about high users of PES and jail services. The meeting was extremely productive and resulted in creative, citywide treatment plans for medically and criminally high-risk patients. The hope is for the group to continue meeting on a regular basis to improve cross-system collaboration.

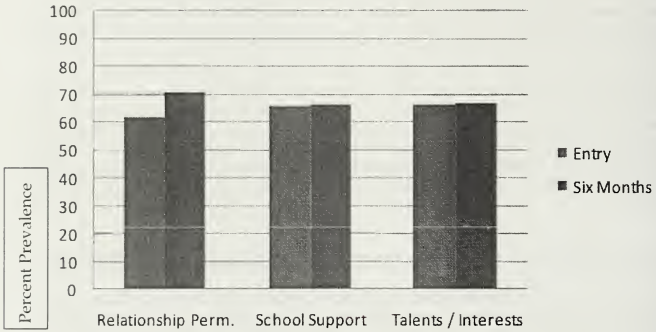
JPS will begin its second round of Crisis Intervention Training for San Francisco Sheriff's Department deputized staff. The training is designed to teach deputies how to more effectively understand and work with inmates with behavioral health issues. Additionally, JPS will be expanding its services to train institutional police working at DPH clinics throughout the city. These trainings will also be open to health care providers and the subject matter will be geared more towards building understanding and collaboration between health care providers and law enforcement.

9. Child and Adolescent Needs and Strengths (CANS) Tool: Longitudinal Strengths Profile

As we mentioned in the last Director's Report, the Child and Adolescent Needs and Strengths (CANS) tool was implemented across the child-serving system to create a shared understanding of client needs and strengths among youth, caregivers, behavioral health providers, supervisors and administrators. Items on the CANS are used to rate a child's behavioral and emotional needs, strengths, risk behaviors, functioning, trauma experience, and social and cultural context. Each item is rated on a scale from 0 to 3, with items rated a '0' indicating no need for intervention in this area, and items rated a '3' indicating a need for immediate or intensive intervention.
For this report, we will concentrate on child and youth strengths and how those change over time. The child and youth strengths domain currently includes seven items. These items include how well a child's family supports and includes them (Family), how well they build social relationships (Interpersonal), how well a school supports their academic progress (Educational), how well they build skills leading to employment (Vocational), her/his development of talents or interests (Talents / Interests), connection to spirituality or a religious community (Spiritual / Religious), and the permanence of key relationships in their life (Relationship Permanence). Nearly all children and youth in the system (99%) had at least one identified strength. On average, children had three identified strengths. In the table below, the three strengths most likely to need development (Relationship Permanence, Educational / School Support and Talents / Interests) are displayed. The Table illustrates that these strengths are present for most children and youth, but that there is relatively little development of these strengths for those who do not have them initially. We appear

to be most effective at improving Relationship Permanence: we do not appear to be improving the rate at which children and youth have the strength of a developed Talent / Interest or experience having appropriate Educational / School Supports. These data indicate a need to better identify and develop strengths among the subset of children and youth who do not yet have them. In other analyses (not shown here), we have begun to look at the relationship among the development of strengths and clinical symptoms and functioning. Preliminary analyses indicate that maintaining and developing child strengths is associated with better clinical and functional progress. Taken together, this indicates that better understanding and developing strengths is an important goal for a recovery-oriented system and for the children and youth we serve.

Table 1. Children's Behavioral Health Needs, Risk Behaviors, and Functioning at Entry and 6-Months



10. Re-Design of SF HOT and MAP into a new Engagement Specialist Team

DPH-CBHS continues to respond to the needs of the most at-risk individuals in San Francisco, who have severe and chronic health problems, recurrent acute and emergency care, and difficulty meeting their multiple needs for health, housing and social services.

On November 1, 2012, DPH-CBHS, in collaboration with Community Awareness & Treatment Services (CATS), will implement the new focus for the homeless outreach and transportation services provided by the Homeless Outreach Team and Mobile Assistance Patrol programs. These two programs will combine to become the Engagement Specialist Team (EST) program. The EST will prioritize its services to a group of patients in the city (about 500 individuals) who frequently use multiple urgent and emergent services – collectively referred to as the High Users of Multiple Services (HUMS). HUMS individuals are not connected to ongoing and preventive care services, and, as a result, are unable to attain improvement of their chronic and intermittently acute illnesses.

EST will function as the community "glue" for HUMS patients, providing outreach, assessment, information, transportation, interpersonal engagement, placement sites and brief interventions to assist with a shift from recurrent but disconnected urgent/emergent care to preventive, pro-active and continuous care based on community-wide plans of care. The EST will outreach to and engage with the HUMS clients, conduct assessments, construct community-based treatment plans that will be shared and coordinated with SFGH, SF FIRST intensive case management program, Sobering Center and Medical Respite. EST will offer the HUMS client a temporary bed, and link the client to case management services. EST will maintain its follow-up with the client towards ensuring reliable engagement with ongoing case management services, and will continue to assist with the client as needed. EST will operate on a 24/7 basis, using the Sobering Center as a functional hub.

Plans are being made by SF Human Services Agency to cover shelter transportation services currently being provided by MAP. Some of MAP's other functions will be assumed by the new Engagement Specialist Team, such responding to calls from police and paramedics, and urgent/emergent care transportation of HUMS clients.

Questions about the Engagement Specialist Team and the former MAP van services can be answered by Ernestina Carrillo, LCSW, Assistant Director, CBHS Adult and Older-Adult Systems-of-Care, at ernestina.carrillo@sfdph.org

Consumer Connect

In collaboration with Richmond Area Multi-Services (RAMS), CBHS is preparing to implement Consumer Connect in San Francisco in the summer/fall of 2013. Consumer Connect is a secured web consumer portal that provides easy access to information for consumers, authorized family members and authorized providers. It is a communication tool between consumers and their care team that will be available to consumers from any computer with secure internet access, such as at home or at a library.

Among its many benefits, Consumer Connect will promote:

- consumer empowerment in behavioral health services
- increased communication between consumers and/or family members and their behavioral health care team, and
- up-to-date information for consumers

Surveys will be distributed in October to all CBHS adult programs to gather information from consumers that will assist in the success of the project. The surveys are available in the five threshold languages. CBHS requests the assistance of all CBHS programs in the distribution of these surveys for completion by their clients, and transmittal of completed surveys back to the CBHS central office, 1380 Howard St.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

Ms. Robinson reminded the board about the second Mental Health Services Act (MHSA) Awards Celebration that will occur on Friday, October 19th, 2012 from 12 - 4pm at the Unitarian Church.

She updated the board on her October 2012 report. She said the Mental Health Services Oversight and Accountability Commission (MHSOAC) had reviewed the two San Francisco programs that are being funded by MHSA's Early Intervention and Innovation dollars, and had determined that these programs are in compliance. The State is still planning to audit four counties, but they have not released the names of the counties.

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: PRESENTATIONS: EDUCATIONALLY RELATED MENTAL HEALTH SERVICES IN THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND COLLABORATIONS WITH COMMUNITY BEHAVIORAL HEALTH SERVICES, KEVIN GOGIN, MFT PROGRAM MANAGER SCHOOL HEALTH PROGRAMS STUDENT, FAMILY, AND COMMUNITY SUPPORT SERVICES DEPARTMENT SAN FRANCISCO UNIFIED SCHOOL DISTRICT; KRISTIN EDMONSTON, MSW PROGRAM ADMINISTRATOR STUDENT INTERVENTION TEAMS STUDENT FAMILY AND COMMUNITY SUPPORT SERVICES DEPARTMENT; ALISON LUSTBADER, LCSW, COMMUNITY BEHAVIORAL HEALTH SERVICES.

3.1 Presentation: Educationally related mental health services in the San Francisco unified school district and collaborations with community behavioral health services, Kevin Gogin, MFT, Program Manager School Health Programs Student, Family, and Community Support Services Department San Francisco Unified School District; Kristin Edmonston, MSW, Program Administrator Student Intervention Teams Student Family and Community Support Services Department; Alison Lustbader, LCSW, Community Behavioral Health Services.

Ms. Argüelles introduced Kevin Gogin, Program Manager for the San Francisco Unified School District Health Programs Student, Family and Community Support Services Department, Kristin

Edmonston, Program Administrator of the Student Interventions Teams and Alison Lustbader with Community Behavioral Health Services.

Ms. Lustbader provided a brief history on access to mental health services with public education regardless of family income or resources. The former California AB3632 was passed in the mid 80's in response to the federal Individuals with Disabilities Education Act (IDEA) which expanded public educational access to include state funding for mental health related services to pupils with disabilities. In essence, eligible IDEA pupils are entitled to a free public education in the least restrictive environment and appropriate accommodations as the IDEA ensures.

Until two years ago AB3632 services were provided by the Children and Family Division of CBHS. Now, the SFUSD (San Francisco Unified School District) is responsible for providing these services as of July 1, 2011, and AB3632 services must align or accommodate to the child's needs as identified in the Individualized Education Program (IEP). Also, AB3632 services must be designed so that these children will benefit the most from their educational programs. Since CBHS already has clinicians, supporting staff and infrastructure setup, SFUSD decided to contract AB3632 services back to CBHS. SFUSD and CHBS, in essence, are collaboratively providing Educationally Related Mental Health Services (ERMHS) to San Francisco students with disabilities.

CBHS therapists, along with supporting staff, are bringing behavioral health services to IDEA children. So far, there are three daytime programs: one for adolescents alone, one for both children and adolescents and one for children alone, and these daytime programs are Edgewood, Oaks and McCauley. She added that, for children with step-up level of care needs, there are residential treatment programs available to provide the higher level services.

Mr. Gogin is a school district liaison with the Department of Public Health. Starting with the 2012-2013 academic year, credentialed school psychologists provide new assessments for ERMHS (Educationally Related Mental Health Services).

The San Francisco Wellness Initiative provides wellness care to 18 high schools in San Francisco. The wellness initiative addresses students' emotional health. Trauma, grief and loss can adversely affect students' well-being, interfere with, and may simultaneously and adversely affect their academic success. He alluded that usually a chaotic or dysfunctional home life is not very conducive to learning, since students often experience difficulty in focusing at school.

The wellness initiative also includes co-coordinators to help youth with developing healthy coping skills. There is a crisis response team for addressing gang violence, homelessness, poverty, domestic violence, trauma, and loss and grief.

For K-8 levels, students' wellness care is provided by nurses. The school district has 71 social workers and 16 out of 26 nurses are assigned to high school students. Besides two partial programs, there are about 16 full programs for a spectrum of services including adolescent development, substance abuse, behavioral health needs, healthy body image issues, reproductive health, socio-cultural issues, immigration concerns, LGBTIQ empowerment, nutrition and general well-being, trauma, anxiety and depression, suicide, and boundary appropriate relationships with peers and adults.

He listed the following positions -- a full-time Wellness Coordinator at San Francisco International School, a Community Health Outreach Worker at Mission High School, a Behavioral Health Counselor at Abraham Lincoln High School, a Wellness Nurse at Lowell High School and a Youth Outreach Worker at George Washington High School. Lastly, he ended by saying that substance abuse is more prevalent with high school pupils. In the last two years, there has been more focus on trauma intervention.

Ms. Edmonston is a LCSW and a community liaison to the SFUSD.

She mentioned that school psychologists provide assessments because socio-emotional health is very important to student well being. She has 49 interns with an MSW or master's level education who she connects to work with students. Her interns are getting great hands-on trainings and plenty of system support.

She coordinates 31 San Francisco schools with community based organizations. She said, sometimes the initial care contact a student may make at school is the wellness center. During an assessment, if a student has more intensive needs, then referrals are made to CBHS.

Dr. David Lewis wanted to know if the school prescribes psychiatric medications to children.

Mr. Gogin stated that medicating children is not part of the school scope.

Ms. Lustbader added that medicating children is usually done only at the discretion of CBHS clinicians.

Ms Chien wanted to know more about the referral process.

Mr. Gogin said that students self refer to wellness clinics that include sexual wellness. Other referral sources can be family and/or teachers. Sometimes, older students may be the referral source for their shy friends. So far, the district has provided services to about 7,000 pupils.

They have a round robin consultation to follow students from elementary to middle to high schools. They look out for early warning signs. There are wellness coordinators for early intervention for high-risk or at-risk pupils. One early warning mechanism used by school counselors is the attendance record system, and counselors need to follow up on suspicious absences.

Ms Chien wanted know about how services are mobilized in a major crisis at school. She does not want another repeat incident like the Columbine High School massacre in April 1999.

Mr. Gogin stated that a variety of plans have already been in place that range from a crisis manual, some basic interventions to a full-scale school response. Should a serious school crisis occur, faculty will be kept abreast of any important developments and students will receive safety guidance and will be kept out of harms way.

He also said there are intervention resources to be deployed to help seriously emotionally disturbed kids in crisis. There are also resources that can be coordinated and mobilized from other schools and agencies as well.

Ms. Landy inquired about how 49 interns are rotated or distributed throughout the school system.

Ms. Edmonston said a mental health person on site can triage and quickly respond to students with severe and/or immediate needs.

Dr. Patterson wanted to know about the funding.

Ms. Edmonston said some funding resources come from grants, Proposition H, Children, Youth and Family, substance abuse and violence prevention initiative.

Dr. Patterson asked who does special assessments.

Ms. Lustbader said that school psychologists are now providing assessments, since the county used to do so.

Ms. Virginia S. Lewis wondered if bullying and gangs are included under peer relationships.

Mr. Gogin stated that, according to a youth and risk behavior survey, 80% of youth reported feeling bullied. The school is setting aside November 12-13, 2012 to educate students about cyber bullying and sexting. In October 2012, 3,000 students attended the Bully Summit.

He felt that San Francisco is ahead of the curve in anti-bullying programs from anti-slurs to anti-harassment. Disenfranchised students are protected from stigma and discrimination.

Mr. King mentioned Ida B. Wells, Downtown Civic Center Academy, and Hilltop for parenting teens and wondered about services for these continuing-educational schools.

Dr. David E. Lewis pointed out that stigma itself can prevent kids from seeking services. He also mentioned that some bullying kids could use intimidation to prevent other students from participating in wellness programs.

Mr. Gogin said they have an ambassador program that is integrated in the school's wellness centers and that about 46% of the high school population seek help there. Wellness care is part of an educational curriculum to exclude any stigmatization.

He also mentioned that the door to the wellness centers is for medical and mental health services so anyone seeing the student go into the center does not know whether they are seeking mental health or medical services. This helps reduce any stigma associated with seeking mental health services.

Ms. Edmonston added that nurses are aware of psychological traumas and just quietly incorporate wellness care as part of their nursing routines.

Ms. Lustbader said adolescents are very reluctant to seek out wellness care. It is a big struggle for providers to get adolescents to stay engage in wellness programs and services.

Dr. David E. Lewis wanted suggestions and concerns from the presenters that he can pose at town hall gatherings to aspiring school board candidates running in the November 2012 election.

Ms. Edmonston expressed concerns that aspiring candidates may cut social workers, because she strongly feels that social emotional health does greatly impact the classroom. She would like the aspiring candidates to state their positions and provide concrete plans on behavioral health programs.

Mr. Gogin suggested asking aspiring candidates to talk clearly about how students who are in need of services could stay engaged and connected to wellness services.

Ms. Edmonston added that keeping students in schools is a lot cheaper than keeping them in juvenile detention centers or later in jail.

Ms. Virginia Lewis wanted to know about time and session allotment for psychotherapy.

Mr. Gogin said that there were about 2,411 students who received psychotherapy and that averaged about 5 hours per student. So far, there have been 2001 students who visited school wellness centers for general counseling and that worked out to be about 4.1 hours. Lastly, school psychologists do not impose session limitations.

Ms. Lustbader pointed out that CHBS will provide behavioral healthcare and services for students as long as they need them.

Ms. Brooke mentioned that Ms. Carletta Jackson, Executive Director of Sojourner Truth Foster Family Agency and an attorney, had mentioned to her that over 50% of foster care girls become commercially sexually exploitated minors. She provided an example of older predatory girls supplying unwary and vulnerable young girls as "feeders" to sex traffickers in the Bay Area and nationally.

Mr. Gogin said that there are about 10 interns working in the foster care program to keep close eyes on how foster children are doing, but he does not know about the specifics of commercial sexually exploitative minors.

3.2 Public comment

No public comment.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1. Public comment

No public comment.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of September 12, 2012 be approved as submitted.

No vote taken because quorum had still not been established.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

1. On October 4th, 2012, the MHB and Youth Justice Institute (YJI) had a successful Trauma Training, taught youth trauma expert Gena Castro Rodriguez, LCSW. About 140 people attended the training.

2. The MHB hosted three trainings in email marketing, event marketing, and social media with Constant Contact. It was free to attendees and the trainings were well attended and appreciated by many nonprofits.

3. Laura Gonzalez, the Coro Fellow assigned to the MHB for October and November did an extraordinary job developing the SF Mental Health Education Funds, Inc. website, Facebook page and linkage with the mission and work of the Mental Health Board.

4. Ms. Brooke said the Consumer Art Reception was successful and well attended on October 5th, 2012. The artwork was very impressive.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles said that the Executive Committee is preparing for the Retreat which will be on Saturday December 1st from 8:30 to 4:00 PM. It will be at a new location, the Age Song facility on Laguna at Grove Street. It has a beautiful top floor conference area with windows and an outdoor sitting area. With the MHB staff, she visited the facility. She asked board members to be sure to put it on their calendar.

The November 14th board meeting will be at 101 Grove Street, Room 300 because Carla Jacobs will speak about Laura's Law and Assisted Outpatient Treatment, so a much larger number of people from the public are expected to attend.

The Executive Committee has asked Ms. Alyssa Landy, Ms. Virginia S. Lewis, Mr. Noah King III, Ms. Lena Miller and Ms. Argüelles to be on the Nominating Committee, with Ms. Landy as its Chair. The committee will nominate officers to be voted on at the February 2013 board meeting. They will meet in November 2012, and the nominations will be announced at the January 2013 MHB meeting. Nominations can also be taken from the floor at the February 2013 meeting. Public comment will be on the agenda prior to voting.

The Executive committee meets Thursday, October 18th at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting.

5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

Dr. Patterson said he would like board activities to be prominently noticed by the public. The structure for public awareness of the board would be to put board activities on the board website. He suggested recognition of community unsung heroes -- provided they consent to do so – for people who quietly working in the community.

He suggested that individual board members regularly maintain contact with their supervisors for the purpose of keeping the supervisors abreast of board activities. Board members can report their meetings with supervisors at board meetings so they are included in the minutes.

Ms. Virginia S. Lewis suggested a simple script for supervisors to answer, and those supervisors' responses should then be bulleted to highlight the essence of their views.

5.4 Report by members of the Board on their activities on behalf of the Board.

Ms Miller mentioned about the mental health issues and trauma in District 10 and her involvement with various agencies. She is planning a summit for mental health and trauma on November 13th, 2012 with Supervisor Malia Cohen. She is also working on partnering with the Center for Youth Wellness and Stanford University.

Dr. David E. Lewis announced that he will co-host and emcee the October 19, 2012 MHSA Award Ceremony at the First Unitarian Church from 12 AM to 4 PM.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Dr. David E. Lewis proposed learning about mental health services in the jail and the women's re-entry program.

Ms. Miller proposed hearing about the realignment issues from AB109.

Ms. Robinson proposed that the board invite Craig Murdock to address AB109.

Ms. Virginia S. Lewis said she was at a NAMI meeting that talked about how the philosophy of mental health services is focused on wellness and recovery but that some people felt that the focus of wellness is not always the case for many clients/patients but it is the goal of providers.

5.6 Public comment

Ms Robinson mentioned that Barbara Garcia's top three issues this year are trauma, violence and HIV. She expanded by saying how these issue contribute to health disparities in many disenfranchised groups. San Francisco's African American population needs more supportive services and more programs.

ITEM 6.0 PUBLIC COMMENT

Ms. King reported that RSSE (Removing Stigma in Southeast) will implement a quarterly newsletter, and start a tai chi class. Meetings with San Francisco Police Chief Suhr yielded an agreement to provide jobs for youth in the SFPD and the community. The chief assured that participating youth would receive letters of recommendations for those who complete their jobs.

ADJOURNMENT

Meeting adjourned at 8:05 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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PLEASE NOTE CHANGE OF LOCATION FOR MEETING

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, November 14, 2012
Department of Public Health
101 Grove Street
Room 300
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATIONS: ASSISTED OUTPATIENT TREATMENT (AOT), AKA LAURA'S LAW, AND A BRIEF INTRODUCTION TO THE LPS REFORM TASK

FORCE II REPORT, CARLA JACOBS, TREATMENT ADVOCACY CENTER AND SALLY ZINMAN, EXECUTIVE DIRECTOR, CALIFORNIA ASSOCIATION OF MENTAL HEALTH PEER RUN ORGANIZATIONS

For discussion

3.1 Presentations: Assisted Outpatient Treatment (AOT), Aka Laura's Law, and a Brief Introduction to the LPS Reform Task Force II Report, Carla Jacobs, Treatment Advocacy Center and Sally Zinman, Executive Director, California Association of Mental Health Peer Run Organizations

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 . PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of October 10, 2012 be approved as submitted.

4.3 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the San Francisco Police Commission and San Francisco Police Department (SFPD) to oppose the adoption of electroshock weapons (Tasers) for their SFPD C.I.T. (Crisis Intervention Team) Officers. (Attachment A)

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 Public comment.

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist

to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

MENTAL HEALTH BOARD
November 14, 2012
Attachment A

RESOLUTION (MHB – 2012-06): That the Mental Health Board urges the San Francisco Police Commission and San Francisco Police Department (SFPD) to oppose the adoption of electroshock weapons (Tasers) for their SFPD C.I.T. (Crisis Intervention Team) Officers.

WHEREAS, the proposed change in the SFPD's use of force governing policies to permit the issuance of Tasers to C.I.T. trained officers is contrary to the goals and directives governing C.I.T. in both form and substance; and,

WHEREAS, a California study showed the rate of sudden in-custody deaths increasing 6.4 times and the rate of firearm deaths increasing 2.3 times in the first full year of Taser deployment with no corresponding change in Officer injury or death. (Lee et al, 2009, American Journal of Cardiology); and,

WHEREAS, the risk of Taser injuries and/or death is heightened for the mentally and emotionally ill who, in a crisis may be potentially unable to connect actions to consequences and may resist police even in the face of stepped-up force; and,

WHEREAS, research has found patients taking prescribed antipsychotic medications are already at increased risk of sudden cardiac death if tasered (Straus et al, 2004); and,

WHEREAS, people in states of acute agitation resulting from mental illness have been associated with unexplained deaths in custody. (Robison & Hunt, 2005); and,

WHEREAS, the Memphis Tennessee Police Department C.I.T. curriculum has been used to inform and create the SFPD curriculum since May 2001, and in 2011, Memphis Tennessee PD consulted to SFPD and Memphis still refuses to use Tasers, as they have confidence in their C.I.T. Training for de-escalation without the use of Tasers; and,

WHEREAS, the American Civil Liberties Union has raised concerns about their use as has the British human rights organization Resist Cardiac Arrest; and,

WHEREAS, the disproportionate use of Tasers against minorities has been well documented by the ACLU and also in a performance audit of the city of Houston in 2008 resulting in a Department of Justice Civil Rights Division investigation which sustained the findings; and,

WHEREAS, the cost of Tasers is prohibitive – costing about $1000 per unit including holster and cartridges plus the cost of equipping each squad car with the necessary defibrillators at triple the cost of a Taser, plus hospital visits for subsequent injuries, and

possible litigation costs which have already saddled California tax payers with over $10 million since 2009; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the San Francisco Police Commission and the SFPD to oppose the adoption of Tasers to SFPD C.I.T trained officers.

SAN FRANCISCO MENTAL HEALTH BOARD

Edwin Lee
Mayor

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Unadopted Minutes

Mental Health Board

Wednesday, November 14, 2012

Department of Public Health, 101 Grove Street, Room 300

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Lynn Fuller, JD; Wendy James; Alyssa Landy, MA; Virginia S. Lewis, LCSW, MA; Lena Miller, MSW; Terence Patterson, EdD, ABPP; Alphonse Vinh, MS; Errol Wishom; and 76 members of the public.

BOARD MEMBERS ON LEAVE: Sgt. Kelly Dunn.

BOARD MEMBERS ABSENT: Noah King III.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); George Bachy-Rita, M.D; Bruce Allison; Eduardo Vega, Mental Health Association (MHA-SF) Executive Director; Charles Pitts; Margot D, National Alliance on Mental Illness (NAMI) East Bay; LaVaughn King, Mental Health Services Act (MHSA); Carla Jacobs, board member of Treatment Advocacy Center; Terri Byrne, MHA-SF; Dale Milfay, Treatment Advocacy Center; Annis Pereyra, Advocate Contra Costa County; Karen Cohen, Advocate Contra Costa County; Sharon Madison, NAMI – Contra Costa; Teresa Pasquin, Mental Illness F.A.C.T.S. Advocacy; A.L. Dewitt; Mathew Steen, Conard House; Jim Stillwell, CBHS; Gifford Boyd-Smith, M.D., NAMI-SF; Carmen Simon; Deetje Boler, Grey Panthers; Carol Harvey, Media; Valerie Amber, UCSF; Delphine Brody, California Network of Mental Health Clients; Maylen Valois; Mesha Monge-Irizarry, Marijuana Offenses Oversight Committee (MOOC), Co-Chair; Joseph Robinson, CA Association of Social Rehabilitation Agencies; Arley Lindberg, Francine Larson SF MH Clients Rights; Rosario Cervantes, Excelsior District 11; Martin T. Fox, Attorney at Law; Hans DeWitt, Candy DeWitt; Patricia Fontana-Narell and members of the public.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:45 PM.

She congratulated board members Sgt. Kelly Dunn, and Lynn Fuller, and former board member LaVaughn King for being honored by the Board of Supervisors on October 30th, 2012 for their contributions to San Francisco with their work and advocacy in mental health.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes on the agenda.

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles stated that Jo Robinson, Director of CBHS, will give the report.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Robinson briefly highlighted the Educationally Related Mental Health Services (ERMHS) that are provided by CBHS to the San Francisco Unified School District and the Medi-Cal Mental Health Plan.

She pointed out that the Client Satisfaction survey showed an overall high score for CBHS's mental health and substance abuse programs and services.

Please see the attached November 2012 Director's report.

Monthly Director's Report

1. National Institute of Drug Abuse (NIDA)

NIDA has released a new publication explaining what scientists know about addiction. The document is one that is easy to understand and well worth reading. Here is a link to the publication: http://www.drugabuse.gov/publications/science-addiction

2. Child Abuse Intervention Program

The California Penal Code specifies that terms of probation for individuals who have inflicted bodily harm or perpetrated cruel or inhuman corporal punishment on a child must include successful completion of no less than 52 weeks of a child abuse treatment counseling program. The Department of Public Health has been recently certified by the San Francisco Adult Probation Department to provide a comprehensive year-long treatment program for eligible and suitable offenders convicted of Section 273(a) of the California Penal Code (Child Abuse/Endangerment) and/or Section 273(d) Penal Code (Child Abuse via Trauma Inducing Cruel Corporal Punishment)

and placed on probation. Beginning in September, the Adult Probation Department began referring probationers to the program.

The Child Abuse Intervention Program (CAIP) is a collaborative effort involving various community stakeholders and City Departments, including the District Attorney, the Mayor's Office, the San Francisco Domestic Violence Consortium, the San Francisco Child Abuse Prevention Center, Police Department, the Department of Public Health, and the San Francisco Adult Probation Department. It will provide a range of interventions through treatment and evidence-based practices and proven mechanisms to address the causes of child abuse and to prevent relapse. These interventions include Cognitive Behavior Therapy, Triple P Parenting Practices, and Thinking for a Change. The goal of treatment is to change attitudes and behaviors that lead to the maltreatment of children.

The program will consolidate services and offer a comprehensive curriculum that conforms to the California Penal Code. San Francisco will be just the third of fifty eight counties in California to implement such an extensive program.

Special thanks to Janice Avery of CBHS for all of her important work in establishing and implementing this important intervention, which will promote wellness and recovery to individuals and families affected by child abuse in San Francisco. For further information please contact Janice at (415) 292-2562 or Craig Murdock at (415) 503-4732.

3. State Bill Tracking, 2012 Final

Jim Soos, Assistant Director of Policy and Planning for DPH, has provided us with the attached summary of 2012's California Bill Summary for any State legislation regarding health care. This is the final outcome for all of the 2012 State legislation. Only bills with a chapter number in the status column were signed into law. These will go into effect on January 1, 2013. (See attachment 1).

4. First Annual Appreciation Luncheon hosted by City College of San Francisco's Drug and Alcohol Studies Community Advisory Board

On September 12, 2012, City College of San Francisco's Drug and Alcohol Studies Community Advisory Board hosted the first annual Appreciation Luncheon for community partners, students, and alumni. The program, which trains CBHS program staff in preparation for state certification through the California Association of Drug & Alcohol Educators (CAADE), honored Jo Robinson, Director of CBHS, for her many years of service on the board until her appointment as Director of CBHS. Also honored were Drug & Alcohol Studies graduate Walter Rich, and board member Lucy Arellano. More than 165 people attended the event, which was emceed by Dr. Sal Núñez, Director of the Community Mental Health Program at City College. Brand new scholarship awards for the spring semester were announced in honor of beloved community caregivers Susan Poff and Robert Kamin. These awards will help deserving students reach their educational goals. A wonderful time was enjoyed by all, with a delicious Mexican buffet, live music, and ample social time. See you again next year!

5. My Avatar Implementation

The Information Technology (IT) Department performed a significant upgrade to the Avatar Electronic Health Record (EHR) used by all Community Behavioral Health Service providers over the first weekend in October. To prepare for the upgrade, in the preceding month over 2,700 active end-users received training in our classroom at 1380 Howard Street or used the "My Avatar Self-Training Guide" created to supplement our training efforts. On October 8, the improved EHR was released to end-users. Initially, we experienced intermittent down time as a few system issues were discovered. Those issues have been resolved.

Key features of the upgrade include a more convenient and user-friendly interface as well as improved system performance when running reports. Critical caseload and client specific information such as diagnosis, medication use, and concurrent treatment at other programs is immediately available at login using sophisticated Home and Chart Views. To date, feedback from program staff has been universally positive. The IT Department is grateful to program-based certified trainers and advanced users, in addition to all program staff who use the Avatar system for your participation and patience in helping us make this implementation a success.

6. RAMS Hire-Ability Graduation

On October 26, 2012, the IT Department, in conjunction with RAMS Hire-Ability Vocational Training program, celebrated the graduation of eight customer service technicians. Marcellina Ogbu provided opening remarks expressing CBHS support for vocational services in general, and the RAMS Hire-Ability program and its graduates in particular. This is the second graduating class, with 17 total graduates. At least 50% of the graduates are either employed or in a continuation training/placement program, demonstrating an impressive success ratio.

The RAMS Hire-Ability project with CBHS began in Spring 2011 to provide customer service skills and real world work experience to consumers. The nine month program begins with intensive off-site training on customer service skills, Avatar EHR functions, and workplace guidelines and expectations. Then, the technicians relocate to Avatar HelpDesk Central at 1380 Howard Street to commence real world customer support. The technicians are the first voice you hear when you call the Avatar HelpDesk. They also respond to voicemail and e-mail messages. RAMS technicians are able to resolve many issues themselves, or with the aid of their on-site RAMS Coordinator. More complicated Avatar issues are referred to IS Business Analysts for resolution. Throughout the program, participants are offered vocational services to assist with resumes, applications, and interviewing techniques in preparation for applying the newly acquired job skills to another customer service or IT-related position.

This partnership has proved to be a win-win situation for CBHS, RAMS Hire-Ability, and most of all for the newly graduated customer service technicians. Congratulations graduates!

7. 2nd Annual MHSA Awards Ceremony

The 2nd Annual MHSA Awards Ceremony took place on Friday, October, 19, 2012. The event was a great success. This special event is diligently planned months ahead of time by a committee primarily made up of consumers. Additionally, the entertainment provided during the event is also by consumers.

In total, 119 individuals were acknowledged for their achievements in recovery and wellness. The following awards and medals were given to consumers:
51 Bronze medals
40 Silver medals
26 Gold medals
2 Outstanding Consumers of the Year

Additionally, 2 teams of the year were acknowledged for their services and commitment to recovery.

Thank you for your support and we hope to you can help us for next year's MHSA Awards Ceremony by either: asking staff/peer staff/clients to participate in the planning committee for this event, or by nominating clients.

8. Ensuring Access and Effectiveness: Rates of Client Improvement

In the last two Director's Reports we have discussed the findings from our use of the Child and Adolescent Needs and Strengths (CANS) tool in the Child, Youth and Family (CYF) System of Care. We first presented information on the rates at which we address Behavioral Health Needs, Risk Behaviors, and Functioning Needs. We found that, as a system, we are most effective at addressing externalizing problems, such as Anger Control, and most likely to have an impact on children's functioning at home. We are less likely to effectively address internalizing problems, such as Depression, and less likely to have an impact on behavior in out-of-home environments, such as school. In the second piece we presented information on children and youth's Strengths. We found that, of the Strengths most likely to need developing, we were most effective at increasing a child's relationship permanence. We were least effective at developing Talents / Interests and improving School Supports.

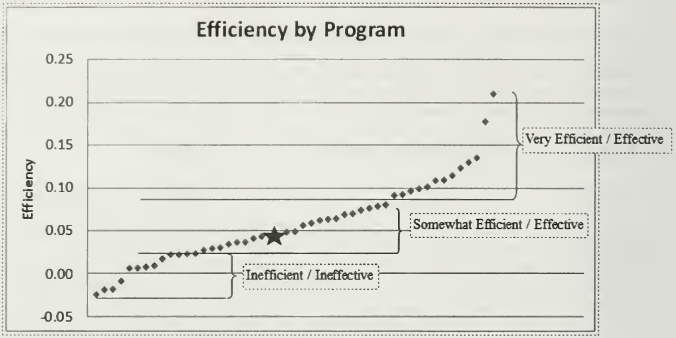
This month, we step back and look at how we're doing overall. Specifically, we look at how quickly we are able to reduce children and youths' Behavioral health Needs and Risk Behaviors, and improve their functioning. This is important for at least two reasons. The first is an ethical imperative: we need to minimize the suffering experienced by our children and youth. The second is a resource imperative: we need to make sure that all people have timely access to treatment when they need it. Given that our system has limited resources, providing care which is both efficient and effective is one of our highest priorities.

Other systems have demonstrated that providing more effective treatments leads to more efficient care. People who experience effective treatment may both leave care more quickly and be less likely to re-enter care. However, if treatment is not working, people may either leave and re-enter care, or may stay in care for long periods of time hoping that treatment will eventually be effective.

What we present below is a graph showing how quickly people are getting better at CYF programs. The measure of 'getting better' is the CANS. We take the measure of how much people are getting better and then divide it by how many months they have been in treatment. This gives us the amount of change clients experience per month in care. Clients in programs in this analysis had an average of 10 months of treatment. Each diamond in the graph represents all of the clients in a program.

Higher rates of efficiency indicate that children and youth are getting better, faster. Lower rates of efficiency indicate that it is taking longer for children to experience improvement in their symptoms, behaviors, or functioning. Negative rates of efficiency indicate that children and youth in the program are, on average, getting worse over time, not better. The start represents the system average.

Figure 1. Rates of Client Improvement by Program



These results indicate that the largest group of our programs provides effective relief at a moderately efficient pace. About a quarter of programs provide very efficient and effective care. Another quarter of programs provide care which is inefficient or ineffective. These results demonstrate the importance of looking across programs to understand how to make our system more efficient and more effective.

9. Children, Youth and Families

CYF leadership continues to work on developing and reinforcing the infrastructure to meet the challenges and opportunities related to important changes in the way we do business. I will list some of the major initiatives below.

Katie A.: Katie A. is the lawsuit that was successfully litigated and has created an entitlement for mental health services for at risk or dependent foster care youth at risk of placement disruption, residential or admission to a psychiatric hospital. CYF has formed an internal workgroup to begin to sort through and assess our current system, and discuss our readiness to develop practices that are aligned with Katie A. Concurrently, CYF and HSA are working towards developing an interagency work group to align our vision, review our practices and develop recommendations for mental health service delivery. The state has issued the documentation manual, which will include two new services including in home behavioral services and intensive case management. We are still waiting for the practice manual and the final implementation instructions from the court.

ERMHS: Educationally Related Mental Health Services: CYF is in its second year in transitioning what were Community Behavioral Health driven school based services (3632) to ERMHS, which are school district driven. We have been meeting regularly with the school district to better understand their objectives for the mental health service and to renew our current MOU. This process has involved assessing our internal practices and realigning our resources to better align with the SFUSD's objectives of insuring that services are primarily delivered in the school setting and are focused on addressing needs stated in the Individual Educational Plan (IEP).

Training:

- The planning for the Trauma Training Initiative has continued this month. An outline of a proposal was submitted to leadership for review and we are beginning to look at funding for the initiative. In the next few weeks, two more meetings will occur with peers, family members and people with lived trauma experience to discuss the current plan and get feedback and ideas. The hope is to begin developing a training curriculum by January 2013.
- At the request of the Juvenile Court Judges, CBHS developed and delivered training on substance abuse in teens. Emily Gerber developed the training and the Judges were very pleased with the outcome.
- As part of the CYF initiative to align our practices with our partner agencies, leadership is being trained in key initiatives. In the next month we will be trained in HSA's safety practices and the SFUSD's Restorative Practice.

10. Medi-Cal Mental Health Plan Contract with DHCS in Final Draft Review

The Fiscal Year 2012/13 Medi-Cal Mental Health Plan (MHP) contract that has been negotiated between the state and counties is in final draft review at DHCS. California Mental Health Director's Association (CMHDA) anticipates release of the final contract to counties in early November, with a due date of January for counties to approve the contract to avoid interruptions in federal payments to counties. CMHDA is appreciative of the assistance provided by Jennifer Henning of the County Counsels Association, who convened a representative group of county counsels to work on issues related to the Health Insurance Portability and Accountability Act (HIPAA) in the contract. Additionally, a CMHDA MHP Contract Workgroup held its final call with DHCS to review the financial provisions of the contract, and amendments were proposed and submitted to DHCS for consideration as a result. The current contract draft, which will likely cover a three year timeframe, addresses a number of critical issues, but we anticipate that additional amendments will be necessary this fiscal year to address Katie A. implementation, the county "right of first refusal" issue (depending on the outcome of the election and Proposition 30), the Healthy Families Program transition, and timely federal payments to counties.

11. "Sequestration": What Does it Mean for Behavioral Health?

"Sequestration" is a term you may have heard during last month's Presidential debates. As it turns out, "sequestration" is a federal budget term that simply means automatic budget cuts. They are similar to the "trigger cuts" sometimes used to balance California's state budget. This week, the California Senate Office of Research issued a report entitled, "*Sequestration: What Is It? And How*

Could It Impact California?" The SOR reports that "In August 2011, Congress passed the Budget Control Act of 2011. Unless Congress elects to reverse the act, it will impose automatic spending cuts—known as sequestration—on many federal programs starting in January 2013. The automatic cuts are intended to ensure a $1.2 trillion deficit reduction through 2021, and in general are divided equally between defense and non-defense spending." Some programs are exempt from the automatic cuts, including Medicaid, Social Security, the Children's Health Insurance Program (Healthy Families in California), TANF (CalWORKs), food stamps (CalFresh), and veterans' benefits and health care. However, a number of federal programs of importance to persons with behavioral health needs are *not exempt* from the automatic cuts. A webinar held by the National Association of Counties (NACo) estimated some of the potential non-exempt sequestration cuts, including an $11 billion reduction to Medicare (through Parts A and B provider payments). Additional cuts could include the Substance Abuse & Mental Health Services Administration (SAMHSA), Individuals with Disabilities Education Act (IDEA), Substance Abuse Prevention and Treatment (SAPT) Block Grant, and Section 8 housing vouchers. NACo also wrote a letter in early October to Congressional leadership, urging Congress and the Administration to work in a bipartisan fashion, consider a "balanced approach," and noting concern that "implementing across the board sequestration reductions is an irresponsible way to reduce the nation's deficit."

So, will these federal budget cuts happen? The SOR report states that "President Barack Obama has stated his opposition to the automatic cuts and publicly asked Congress to suspend the cuts in favor of another deficit-cutting alternative, such as his proposed fiscal year 2013 budget. In addition, many Congressional members have expressed serious reservations about allowing sequestration to go forward. However, the only way to stop the automatic cuts is through legislative action, and Congress is in recess until after the November 6 election. In the meantime, the Office of Management and Budget has instructed federal agencies to continue normal spending and operations until further notice." Want to learn a little more? Check out this easy-to-read SOR report. Want to learn a lot more? The 294-page federal Office of Management and Budget report is posted on this White House web page. *(CMHDA Contact: Kirsten Barlow)*

12. Client Satisfaction Survey - Overall Satisfactions Rates Were Very High

CBHS collected satisfaction surveys from clients during the period 5/14/2012 - 5/25/2012 for Mental Health programs and from 6/25/2012 to 6/30/2012 for Substance Abuse programs. Mental health clients were surveyed using the State-mandated measures, the MHSIP (Mental Health Statistics Improvement Program) for Adults and the YSS (Youth Services Survey) and YSS-F (Youth Services Survey-Family) for Child, Youth, and Family clients. Substance Abuse clients were surveyed using the much shorter (11-item) scale that CBHS QM staff developed and used during the previous fiscal year.

Overall satisfaction rates were very high.

Results from the Mental Health program clients indicated extremely high levels of satisfaction. We received 2,512 valid responses from clients of Adult/Older Adult programs, of which 2,291 had an average score that indicated they were satisfied with services (91.2% satisfaction rate). We received 1,225 valid responses from clients of Child, Youth, and Family programs, and 1,139 had a score that indicated satisfaction with services (92.9% satisfaction rate).

We received 1,934 surveys from clients of Substance Abuse programs. Of those, 1,661 had an average score that indicated satisfaction with services (85.9% satisfaction rate).

The item level responses are included in the attachments. Individual program level reports are being created, and we hope to disseminate those over the next month. (See Attachments 2, 3, 4).

13. Opportunity for Substance Abuse Treatment providers to pilot test the ASI-MV

The Addiction Severity Index (ASI) it the most frequently used assessment tool by Substance Abuse providers in San Francisco. The ASI was developed by Dr. Thomas McLellan who was more recently the Director of the White House Office of National Drug Control policy early in the Obama administration.

Different versions of the ASI have been developed and used by San Francisco providers. The Avatar system currently provides access to an electronic version of the ASI for substance abuse clients. The ASI-DENS and the ASI-MV (Multi-media version) were both pilot tested in San Francisco several years ago through a Practice Improvement Collaborative grant to the Health Department by SAMHSA.

Recently, Netsmart reached an agreement with the makers of the ASI-MV (Inflexxion) to have the ASI-MV version available through Avatar. To help decide if SFDPH should provide access to the ASI-MV through Avatar, CBHS will be conducting a pilot study with interested providers. The tool is available in English and Spanish, and can be self-administered by clients using a computer. The ASI-MV provides standardized data and narrative reports that can be customized for treatment planning, placement, referral and outcomes.

See the link for further information:
http://www.inflexxion.com/ASI-MVConnect/

An information session will be held in the CBHS IT training room on the first floor of 1380 Howard on Wednesday, November 14th from 3-5.
Program Directors and Admission supervisors are encouraged to attend.

Please RSVP to Kathleen Minioza 415-255-3556.

Inflexxion also offers a comprehensive standardized substance abuse assessment tool for teens ages 13-18 called the CHAT.

For any substance abuse treatment providers interested in learning about the CHAT, we will hold a general informational meeting on the CHAT Wednesday November 14th from 12-1:30 in the 1380 Howard 4th floor conference room. Some general information is available through the website link below:
http://www.inflexxion.com/CHAT/

14. Postponed Implementation of Engagement Specialist Team

The implementation of the Engagement Specialist Team is being postponed until further notice in order to get some components in place that have taken longer than anticipated. The MAP Van will continue to operate as always until we notify you of the new implementation date.

In the near future, members of the San Francisco Homeless Outreach Team (SFHOT) and Mobile Assistance Patrol (MAP) will merge to provide targeted street outreach with the goal of more effectively engaging and placing into care San Francisco's most vulnerable street population – the men and women who are high users of multiple systems (HUMS).

For questions, please contact Maria X Martinez at 415-554-2877 or at maria.x.martinez@sfdph.org

15. Meeting of CBHS MH Contractors to Prepare for Triennial State Audit of Charts

A joint meeting of CYF and Adult/Older Adult CBHS mental health contractor providers will be held on Wednesday, November 14, from 9AM to 11AM, at 101 Grove, Room 300, to discuss preparations for next year's State Medi-Cal Audit of FY 12-13 mental health billings and client charts. San Francisco CBHS is due in FY 13-14 for its triennial Medi-Cal Chart Compliance Audit, to be conducted by the CA Department of Health Care Services, covering a selected quarter of these current FY 12-13 billings. In the next few months, civil –service MH outpatient programs will be auditing their clinicians' charts, and based on the results of the audits, will give feedback to each clinician about the compliance of their documentation practices. Contractors are also being asked to do the same, and at the November 14 meeting, CBHS central administration will be sharing the tools for conducting chart audits for quality and compliance.

16. Danger for Some HIV Patients who Skip Medications When They Drink Alcohol

About half of HIV patients skip taking their medication while they are drinking alcohol, a new study finds. The researchers say not taking the medication could endanger patients' health. The study followed about 200 people with HIV who took antiretroviral medications and drank alcohol, Reuters reports. Patients may forget to take their medication while they are under the influence of alcohol, the researchers note. They add that there is a widespread, incorrect belief that mixing HIV drugs and alcohol can be toxic. "The harms caused by missing their medications far outweigh the harms caused by mixing the two, if the person doesn't have liver disease," said researcher Seth Kalichman of the University of Connecticut. "People living with HIV who deliberately stop their medications when they are drinking are at risk for treatment failure," the researchers wrote in the Journal of General Internal Medicine. Stopping HIV treatment may lead to a surge in the virus, as well as drug resistance, Kalichman said.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

Ms. Robinson announced that the MHSA annual report is currently in the final stages of completion, and she expected the report to be ready by the end of December 2012.

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: ASSISTED OUTPATIENT TREATMENT (AOT), AKA LAURA'S LAW, AND A BRIEF INTRODUCTION TO THE LPS REFORM TASK FORCE II REPORT, CARLA JACOBS, TREATMENT ADVOCACY CENTER AND SALLY ZINMAN, EXECUTIVE DIRECTOR, CALIFORNIA ASSOCIATION OF MENTAL HEALTH PEER RUN ORGANIZATIONS.

3.1 Presentation: Assisted Outpatient Treatment (AOT), aka Laura's Law, and a brief introduction to the LPS Reform Task Force II Report, Carla Jacobs, Treatment Advocacy Center and Sally Zinman, Executive Director, California Association of Mental Health Peer Run Organizations.

The presenters highlighted their perspectives on Laura's Law. Please see their documents and links at the end of the minutes.

Ms. Carla Jacobs is a founding board member of the Treatment Advocacy Center (TAC) and has served two terms on the board of the National Alliance for the Mentally Ill (NAMI). As coordinator of the California Treatment Advocacy Coalition, she guided the successful grassroots campaign for passage of Assembly Bill 1421, known as "Laura's Law." She is currently the executive director of Plan of California, an organization that provides treatment planning and services for individuals with severe mental illnesses.

Ms. Jacobs said that most people recognize mental illness, but that some people have anosognosia, a biological predisposed inability to recognize that they are mentally ill. She defined anosognosia as the inability of the brain to provide self-awareness or self-recognize feedback to a person who suffers a debilitating psychiatric disorder.

In general, people with anosognosia are prone to involuntary homelessness, to revolving hospitalizations, and to wandering aimlessly around the streets hungry and without hope. More often than not these people cycle through hospitals and are released without after-care assistance to meet their human needs. They, at best, wind up in jails and prisons not because they are criminals but because there is simply no place for them in our society, and, at worse, they get victimized.

People with anosognosia do not deserve to be de-humanized, stigmatized and discriminated against because of their condition. Supportive services need to change on sociological and institutional levels because people with anosognosia could be someone's grandparent, parent, sibling, child or a good friend.

She offered a brief history of Laura's Law or Assembly Bill 1421 (AB1421). In 2002, California implemented Laura's Law to provide Assisted Outpatient Treatment (AOT) when people decompensate gravely as a result of their mental illness. Laura's Law became effective on January 1, 2003 under Governor Gray Davis to ensure that everyone has the right to live in a world free of psychotic delusion. The law stipulated that each county had to approve implementation before it would be used in that county. In May 2008, Nevada County in California approved AOT.

She described how the process works in Nevada County. Initially, family members or psychologists request AOT. The case is then reviewed by the director of behavioral health for the county to investigate whether there is credence. If approved, the client is referred to a program for services. For example Turning Point provides mental health linkage services in Nevada County for people served by AOT.

Turning Point Community Programs provide psychiatric services, support and advocacy for people working to overcome the effects of mental illness in Sacramento, Stanislaus, Merced, Yolo, Placer and Nevada Counties. AB1421 is designed to help people with severe mental illnesses who are too sick to help themselves. The law permits court-ordered, intensive outpatient treatment for people with severe mental illnesses who refuse medication because of their anosognosia. Laura's Law is a safety net to catch decompensating people. Using involuntary medication intervention through procedural justice and court-ordered medication, Laura's Law provides these people with intensive and continual services so they can safely survive in communities and re-engage in voluntary services.

If a person is decompensating with severe mental illness, the behavioral health director can petition the court for a consideration. The court can assign a lawyer from the public defender's office to ascertain the severity of the mental illness. If there is a refusal of compliance, then the case can go before an administrative judge for therapeutic jurisprudence and re-negotiation for medication compliance and or re-engagement in services. A few people really benefit from Laura's Law pre-psychiatric hospitalization or before being 5150'd.

She emphasized that the main difference between a full-service partnership and an AOT are therapeutic jurisprudence, self-referral and a greater self-esteem. She believes that AOT clients/patients experience less stigma and coercion than non-AOT individuals.

Dr. David Lewis prefaced that during the 1980's history of psychiatry, psychiatric treatments were nothing more than abuse of an individual's liberty and coercion, and he wanted to know about safe guards to prevent abuse.

Ms. Jacobs stated that a safe guard should include an oversight of the treatment team, and the team's composition should include more people making judgments.

Dr. Patterson inquired about the cost of implementation of Laura' Law.

Ms. Jacobs explained that an average cost is a range of $20,000 -- $22,000 per year. This is cost-effective because clients/patients receive out-patient care in the community rather than in hospitals or jails at a much higher cost. In conclusion, she clarified that Laura's Law is not a program per se, but a court order for existing services within the community.

Ms. Sally Zinman has been a pioneer in the mental health patient rights movement for almost thirty years. She was a founding member of the California Network of Mental Health Clients, a statewide patient's rights organization working to develop and expand self-help groups throughout the state, to confront stigmatizing attitudes about mental health clients, to provide a strong voice of, by, and for mental health clients, and to promote and instill the rights of clients. She is currently the Executive Director of the California Association of Mental Health Peer Run Organizations.

Ms. Zinman stated that she opposes Laura's Law. She does not believe that there is a biological pre-disposition that a person is unaware of his/her mental illness. The essence of her argument is that self recovery from mental illness is already happening effectively through voluntary treatment resources.

She argued that not having enough voluntary services is insufficient reasonable evidence to enforce involuntary treatment on a person with mental illness. Involuntary medication is not the solution. She offered the MHSA (Mental Health Services Act) full service partnerships which have shown great results. She believes in behavioral health educational programs and problem-solving skills that have been shown to increase self-control and diminish the severity of mental illness without court-ordered treatment. California's full service partnerships are becoming a model for the nation.

She further argued that AB1421 is really outpatient commitment and coercion, and the forced treatment can create non-compliance. Civil rights are essential to recovery. She believes that self-control and self-determination are indicators of wellness and recovery.

She highlighted the following myths. The first is the myth that mentally ill patients are violent when in fact they are no more likely to be violent than the general population. A second myth is that mentally ill people are less competent or capable than people without mental illness, but mentally ill persons have the same capabilities as other people. A third myth is that psychiatric medications always work and are safe all the time. Medications do not always work and they can cause uncomfortable to severe side effects such as loss of libido, tics, extreme and sudden weight gain and more. These myths just perpetuate and cause further stigmatization and discrimination of people with mental illness.

Ms. Zinman wondered rhetorically that if court-ordered medication is supposed to make people with mental illness feel good then why do many of these people feel so horrible from the side effects. Would not the side effects then constitute re-traumatizing or punishing people with mental illness for having the illness? Therefore, would not the pain and suffering from the horrible side effects be tantamount to cruel and unusual punishment to people with mental illness?

Ms. Virginia Lewis who is an LCSW mentioned that court ordered psychiatric treatment seems to be necessary and helpful to some of her patients.

Ms. Arguelles expressed that her own daughter has no cognizant of her psychosis and has refused to take medications. As a result, her daughter ended up in the criminal justice system.

Ms. Zinman clarified that the side effects of the medications affect how a person with psychosis feels, and that there may be ways to talk to her daughter.

Dr. Patterson mentioned that there are numerous reasons why some people do not take their medications. He said that for example, being unorganized can cause people to not know they need to take medication at the moment.

Ms. Fuller argued that incidents of violence in the population of mentally ill people are a valid concern that people have.

Ms. Zinman mentioned that New York inappropriately used the Kendra's law as a discharge tool, and she cautioned about creating laws for a very few cases.

3.2 Public comment

Eduardo Vega is the Executive Director of the Mental Health Association of San Francisco. He said that involuntary treatment is not what San Francisco wants, and San Francisco has already responded to treatment needs. He stated further that the MHSA is against abusive coercion.

Fancher Larson, San Francisco Client's Rights, said that SF needs consumers working with providers to develop good peer programs.

Jeremy Miller, Idriss Stelley Foundation, is a crisis counselor who spoke about his attempted suicide when he was compelled to court-ordered treatment.

Teresa Pasquin is a mental health commissioner for Contra Costa County. She spoke about her daughter who was arrested and incarcerated in a Napa facility with a civil commitment due to lack of insight into her illness. The Napa facility cost $200,000 compared to $25,000 for out-patient treatments.

Dauphine Brody, CA Network of Clients, is a mental health client of San Francisco. She said minorities are controlled and oppressed, and African Americans are subjected to forced medication treatment. The cost is unjustifiable and forced treatment perpetuates further distrust, divisiveness and trauma. The implementation of Laura's Law in San Francisco was defeated three times already.

Gifford Boyd Smith, MD, NAMI-SF said that there is a population who have fallen through the cracks. There is a need to be creative about figuring out how to support those people who are falling through the cracks, and Laura's Law provides a safety net.

Maylen VA Lois, Coalition for Advice and Accountability, pointed out that she came to the meeting as a family member. She expressed that involuntary commitment is not an appropriate response to people becoming homeless due to their mental illness. Homelessness is solved by providing homes.

Sharon Madison teaches Contra Costa NAMI's Family-To-Family program and expressed that she believes that there is a group of people with mental illness who need treatment that is not voluntary.

Martin Fox is an Attorney at Law and mentioned that there are already more than 7,000 suicides by military veterans, and he has never prosecuted one soldier with mental illness. He believed that the system has no alternative to forced treatments. Now, about 30,000 returning veterans have PTSD.

George Bach-y-Rita, M.D has been a psychiatrist for over 20 years and said that anosognosia is a neurological disease not a psychiatric one.

Dale Milfay Snarr, TAC, advocated for Laura's law. She committed her son 22 times for being violent. Her son has had 165 hospitalizations. Since 2010, her son had racked up 250 days costing $1,000 per day. When her son attempted matricide, he ended up in jail. As a mother, she could not allow her son to be homeless and expressed much frustration because she believes that voluntary programs cherry-pick good clients to treat.

Mesha Irizarry, MOOC, stated that her son had four 5150's and feels threatened by Laura's Law.

Brain Aplard is a visitor to San Francisco and believes it is wrong to have forced treatment.

Harry Pariser believes there is insufficient evidence to conclude that Laura's Law would work, and wondered why people aren't looking at the issue of drugs in prison.

Candy Dewitt whose son was accused of murder and is now at Napa State Hospital, said she could not get help for him in the mental health system for his schizophrenia and extreme paranoia.

Khalera A. believes that care and compassion is the key to wellness and recovery and said that peer mentorship programs work. There is a 71% reduction of hospitalization with peer support.

Dilara Yarbrough, Coalition on Homelessness, has worked with homeless people with mental illness and believes voluntary services work.

Michael Gause, MHA-SF, said that his darkest moments with psychoses were alleviated by a peer support system and he is opposed to Laura's Law.

Colleen Rivecca said her fiancée committed suicide and she felt a lot of sympathy for people in the room. She asked people to stop the $785 million reduction in the State of California and $32 million cut in San Francisco for mental health programs and services. She felt people should be working together to restore cuts.

Richard Krzyzanowski, California Client Action Workgroup, said that a red flag should go up when someone wants them to do something for their own good. He said mental illness is the only disability that a person could lose his/her civil rights with.

Marc Kowalski said that for people with schizoaffective disorder, 5150's are used as punitive because when people go for help on their own to the hospital they are turned away.

Mickey Shipley is a consumer advocate and he thanked the board for holding the hearing and said that he manages very well without medications.

Charles Pitts believed that government should not have this kind of control over its citizens because drugs have too many side effects.

ITEM 4.0 ACTION ITEMS

For discussion and action

Ms. Argüelles said the items listed below will be voted on by the board so we request public comment prior to voting. The first item is approval of the minutes from the last board meeting and the second item is a resolution about the use of Tasers. Commander Ali, who oversees the Crisis Intervention Team for the SF Police Department is here to respond to questions the board or members of the public may have. She said she understands that people have strong feelings about this subject but requested that comments be kept to the subject of the resolution and not rude or inappropriate remarks about police officers.

4.1. Public comment

Joyce Umamoto urged the board to support the Taser resolution because she has fears and concerns about their safety on human beings.

Carmen Simmons, Idriss Stelley Foundation, mentioned that mental health workers have received de-escalation trainings, and the use of Tasers is nothing more than excessive use of force by law enforcement because several people have died from Tasers.

Public member testified that he was held and kneed to the ground in an incident with police.

Misha Irizarry, Idriss Stelley Foundation, felt that some people with seizures would be electrocuted and zapped to death by Tasers.

Martin Fox added that in another case there was police brutality in the beating, but the public mental health advocates did not respond.

Deetje Bowler, Gray Panthers, read her prepared statement saying that she feels citizens deserve all the protection they need from being electrocuted by Tasers.

Colleen Rivecca, Homeless Youth Alliance, felt that allowing CIT trained officers, who are trained to de-escalate tense encounters, to carry Tasers is dangerous.

Delphine Brody, CA Network of Mental Health Clients, supported the resolution. She said it would be a cost saving to use the money to train more officers on CIT rather than spending about $1,000 per Taser.

Harry Pariser urged the board to pass the resolution to oppose the use of Tasers in San Francisco.

Brian Upland has considered moving to SF and thought that police need less weapons.

Maylen Valois, Coalition for Justice and Accountability, is surprised by the amount of violence against people with mental illness. She believes the diffusions and de-escalation are best. She feels that it is the job of the mental health professionals, who often have de-escalation trainings, not the police to deal with people with mental illness.

Jeremy Miller, Idriss Stelley Foundation, extended his thanks to Dr. David E. Lewis, who authored the resolution, and the board for introducing the resolution to the public.

Chris thanked and appreciated the board for introducing the resolution. He felt the risk of death is too high a price to pay for Tasers.

Phil Mastrocola, No Taser Task Force, believed that it is important to reduce Taser fatalities.

Eduardo Vega applauded the board for the resolution. He said that NAMI and MHA-SF have actively worked with SFPD on the development of CIT to deter the use of Tasers. He proposed a mental-health-peer-specialist-ride-along-joint-response program to handle people with psychosis.

Carol Harvey agreed that SFPD should not be forced to provide social services because it is the job for mental health professionals who often are trained in psychological first aid. All people deserve to be treated with dignity and respect. The use of Tasers just dehumanizes people.

Public member cited that he witnessed a person who died from being electrocuted eight times with a Taser. He does not believe the SFPD need be armed with any more weapons.

Commander Mikhail Ali is from the SFPD with 20 years of experience in the police department and spoke on behalf of the SFPD about Police Crisis Intervention Training (PCIT), which he has been in charge of since September of 2011. SFPD now has a Crisis Intervention Team (CIT). These are officers who have been trained in crisis intervention who will be called in situations involving a person with mental illness, and it is only CIT officers for which the department is seeking approval for the use of Tasers.

He pointed out that PCIT began under San Francisco Police Chief Fred Lau. Police officers are trained to engage with people, and they follow do no-harm protocols that dictate the need to take whatever time is needed to de-escalate a tense situation. For example, last July police responded to a person in crisis, for whom they were given no history of mental illness, who sliced a co-worker's arm. Police responded and fatally shot the person when this individual charged the officers with a knife. If officers had used Tasers instead, he might have lived.

His department is actively recruiting military veterans into its department. So far there are 983 officers in the SFPD trained in PCIT from 2001 to the summer of 2010 by the Mental Health Board. The board also trained many San Francisco Sheriffs.

Budget cuts to the SFPD necessitated the need to bring the training in-house. Under the new CIT model, another 116 officers have been trained. Officers try to engage without using force, but every situation is not always controllable by talking. Assaults against mental health workers are almost as high as assaults against police officers. He believed that officers should be allowed to use any necessary tools to de-escalate situations.

Ms. Virginia Lewis asked if a Taser looked like a gun.

Commander Mikhail Ali said they tried to modify the shape of Tasers and are looking at one that is yellow. They will also require officers to carry a Taser on the opposite side of the officer's body from the side the gun is carried on.

Ms. Virginia Lewis asked if the modified shape of the Taser provides a non-threatening weapon.

Dr. Patterson asked what oversight would be in place if Tasers are used.

Commander Mikhail Ali said that SFPD has the Office of Citizen Complaints and the Police Commission that reviews any use of force situation, which would include Tasers, immediately.

Ms. James asked about the effects of 50,000 volts capacity on people.

Commander Mikhail Ali said that there are policies against the use of Tasers such as on a pregnant woman, an elderly person, and children. Furthermore he elaborated that officers are required to justify each cycle of usage.

Dr. David E. Lewis mentioned that Taser International has recording video and audio capabilities.

Commander Mikhail Ali said video recording devices are available on cars, and body cameras are available to field officers.

Dr. David E. Lewis expressed that body cameras would help against any misconduct complaints and officers would act better with body cameras, provided the equipment are correctly calibrated, turned on and functioning properly.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of October 10, 2012 be approved as submitted.

Unanimously approved.

4.3 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the San Francisco Police Commission and San Francisco Police Department (SFPD) to oppose the adoption of electroshock weapons (Tasers) for their SFPD C.I.T. (Crisis Intervention Team) Officers.

WHEREAS, the proposed change in the SFPD's use of force governing policies to permit the issuance of Tasers to C.I.T. trained officers is contrary to the goals and directives governing C.I.T. in both form and substance; and,

WHEREAS, a California study showed the rate of sudden in-custody deaths increasing 6.4 times and the rate of firearm deaths increasing 2.3 times in the first full year of Taser deployment with no corresponding change in Officer injury or death. (Lee et al, 2009, American Journal of Cardiology); and,

WHEREAS, the risk of Taser injuries and/or death is heightened for the mentally and emotionally ill who, in a crisis may be potentially unable to connect actions to consequences and may resist police even in the face of stepped-up force; and,

WHEREAS, research has found patients taking prescribed antipsychotic medications are already at increased risk of sudden cardiac death if tasered (Straus et al, 2004); and,

WHEREAS, people in states of acute agitation resulting from mental illness have been associated with unexplained deaths in custody. (Robison & Hunt, 2005); and,

WHEREAS, the Memphis Tennessee Police Department C.I.T. curriculum has been used to inform and create the SFPD curriculum since May 2001, and in 2011, Memphis Tennessee PD consulted to SFPD and Memphis still refuses to use Tasers, as they have confidence in their C.I.T. Training for de-escalation without the use of Tasers; and,

WHEREAS, the American Civil Liberties Union has raised concerns about their use as has the British human rights organization Resist Cardiac Arrest; and,

WHEREAS, the disproportionate use of Tasers against minorities has been well documented by the ACLU and also in a performance audit of the city of Houston in 2008 resulting in a Department of Justice Civil Rights Division investigation which sustained the findings; and,

WHEREAS, the cost of Tasers is prohibitive – costing about $1000 per unit including holster and cartridges plus the cost of equipping each squad car with the necessary defibrillators at triple the cost of a Taser, plus hospital visits for subsequent injuries, and possible litigation costs which have already saddled California tax payers with over $10 million since 2009; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the San Francisco Police Commission and the SFPD to oppose the adoption of Tasers to SFPD C.I.T trained officers.

Roll Call for vote:

Ayes: Ms. Argüelles; Mr. Joseph; Dr. Lewis; Ms. Chien; Ms. James; Ms. Landy; Ms. Lewis; Ms. Miller; and Mr. Vinh.

Nayes: Dr. Patterson; and Mr. Wishom.

Absent from vote: Ms. Fuller.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke announced that there were several flyers in the board member packets and available to the public about upcoming events of interest.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles said that the Executive Committee is preparing for the Retreat which will be on Saturday December 1st from 8:30 to 4:00 PM. There will be no regularly scheduled board meeting in December. It will be at the AgeSong facility on Laguna at Grove Street. Michelle Magee, Vice President of Harder and Company, a consulting firm that works with CBHS is donating her time to facilitate the retreat.

The Executive committee meets Thursday, November 15th at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting as well as members of the public

5.3 Public Comment.

No public comment.

ITEM 6.0 PUBLIC COMMENT

Charles Pitts suggested a presentation on shelter monitoring services.

Martin Fox submitted the *Assisted Outpatient Treatment: Preventive, Recovery-Based Care for the Most Seriously Mentally Ill* article by Gary Tasai, MD to the board.

Eduardo Vega wanted to continue and to finish his earlier comments. He said that the police, sheriffs and the community need to get together to find solutions and to develop alternatives to both AOT and use of Tasers.

Public member suggested the board should look at the bedbug issue in single room occupancy hotels.

ADJOURNMENT

Meeting adjourned at 9:45 PM.

The presenters provided the following Internet links and documents.

Assisted Outpatient Treatment (W&I CODE 5345) (AB 1421) "Laura's Law" January 6, 2012.

1. http://www.mynevadacounty.com/nc/hhsa/bh/docs/Laura's%20Law/AOT%20The%20Nevada%20County%20Experience.pdf (*this is 37 page report in pdf format*)

A 30 minute video explaining the story of implementation and program of Assisted Outpatient Treatment: The Nevada County Experience.

2. http://www.mynevadacounty.com/nc/hhsa/bh/Pages/Video---Laura's-Law.aspx

Treatment Advocacy Center Briefing Paper

Anosognosia: A cause of violent behavior in individuals with severe psychiatric disorders

SUMMARY: Anosognosia, unawareness of illness, is the most important reason individuals with severe psychiatric disorders do not take medication for their illness. Multiple studies have demonstrated that the presence of anosognosia increases the incidence of violent behavior, both because it is associated with medication nonadherence and because it appears to directly increase violent behavior.

Anosognosia is a major contributor to aggressive and violent behavior among individuals with severe psychiatric disorders. Because anosognosia is the major cause of medication nonadherence, the association can be assessed either by studying violent behavior and nonadherence or by studying violent behavior and measures of insight.

* * *

Violent behavior and nonadherence

Many studies have been published linking aggressive and violent behavior to medication nonadherence. Following are three examples.

- In the United States (Massachusetts), 133 outpatients with schizophrenia were assessed for violent behavior over six months. During that period, "13 percent of the study group were characteristically violent," and this was associated with medication nonadherence. "Seventy-one percent of the violent patients had problems with medication compliance, compared with only 17 percent of those without hostile behaviors."

  Bartels SJ, Drake RE, Wallach MA et al. Characteristic hostility in schizophrenic patients. *Schizophrenia Bulletin* 1991;17:163–171.

- In the United States (multi-site study), 1,906 individuals with schizophrenia and related disorders were prospectively followed and assessed for three years. Medication nonadherence was significantly associated with being violent, arrested, and victimized (all significant at a level of $p<0.001$).

  Ascher-Svanum H, Faries DE, Zhu B et al. Medication adherence and long-term functional outcomes in the treatment of schizophrenia in usual care. *Journal of Clinical Psychiatry* 2006;67:453–460.

- In the United States (five sites), 1,011 outpatients with severe psychiatric disorders were assessed for medication adherence and physically assaultive behavior over six months. Those who became physically assaultive were significantly more likely to have treatment nonadherence ($p<0.001$), to be sicker, to be a substance abuser, and to have a personality disorder.

  Elbogen EB, Van Dorn RA, Swanson JW et al. Treatment engagement and violence risk in mental disorders. *British Journal of Psychiatry* 2006;189:354–360.

Violent behavior and poor insight

- In the United States (North Carolina), 331 "severely mentally ill" individuals who had been involuntarily admitted to a psychiatric disorder were assessed for their history of assaultive and violent behavior. The findings indicated "that substance abuse problems, medication noncompliance, and low insight into illness operate together to increase violence risk."

  Swartz MS, Swanson JW, Hiday VA et al. Violence and severe mental illness: the effects of substance abuse and nonadherence to medication. *American Journal of Psychiatry* 1998;155:226–231.

- In Spain, 63 individuals with a diagnosis of schizophrenia or schizoaffective disorder were assessed for violent behavior during their brief hospitalizations. The strongest predictors of violent behavior were insight into symptoms (especially delusions), being sicker, and past history of violence.

  Arango C, Calcedo Barba A, González-Salvador T et al. Violence in inpatients with schizophrenia: a prospective study. *Schizophrenia Bulletin* 1999;25:493–503.

- In Sweden, 40 "mentally disordered" individuals with a history of "violent criminality" were discharged from two forensic hospitals and followed for between 3 and 12 years. Twenty-two of them committed additional violent crimes, and 18 did not. Among the strongest predictors of those who committed additional violent crimes were lack of insight and "noncompliance with remediation attempts."

  Strand S, Belfrage H, Fransson G et al. Clinical and risk management factors in risk prediction of mentally disordered offenders—more important than historical data? *Legal and Criminological Psychology* 1999;4:67–76.

- In England, 503 patients in two forensic psychiatric hospitals were assessed for aggressive and violent behavior. Lack of insight strongly correlated with higher levels of such behavior.

  Woods P, Reed V, Collins M. The relationship between risk and insight in a high-security forensic setting. *Journal of Psychiatric and Mental Health Nursing* 2003;10:510–517.

- In the United States (Ohio), 115 individuals with schizophrenia who had committed violent acts for which legal charges were incurred were compared to 111 individuals with schizophrenia who had no history of violent acts. The violent individuals had "marked deficits in insight" and were much more symptomatic. Compared to the nonviolent individuals, those who had been violent scored significantly lower ($p<0.001$) on awareness of mental disorder, awareness of achieved effect of medications, and awareness of social consequences of mental disorders.

  Buckley PF, Hrouda DR, Friedman L, et al. Insight and its relationship to violent behavior in patients with schizophrenia. *American Journal of Psychiatry* 2004;161:1712–1714.

- In England, 44 male inpatients in a forensic psychiatric hospital were assessed for violent behavior. It was found that "a previous diagnosis of mental illness, lack of insight, and active signs of mental illness were the most predictive of inpatient violence."

  Grevatt M, Thomas-Peter B, Hughes G. Violence, mental disorder and risk assessment: can structured clinical assessments predict the short-term risk of inpatient violence? *Journal of Forensic Psychiatry and Psychology* 2004;15:278–292.

- In Ireland, 157 individuals with first-episode psychosis were assessed for violent behavior. The strongest predictors of violent behavior in the week following admission was poor insight (odds ratio 2.97) and a past history of violence (odds ratio 3.82).

  Foley SR, Kelly BD, Clarke M et al. Incidence and clinical correlates of aggression and violence at presentation in patients with first episode psychosis. *Schizophrenia Research* 2005;72:161–168.

- In the United States (New York), 60 male patients with psychosis who had been charged with a violent crime were assessed. Severity of community violence was strongly associated with poor insight, medication nonadherence, and substance abuse.

  Alia-Klein N, O'Rourke TM, Goldstein RZ et al. Insight into illness and adherence to psychotropic medications are separately associated with violence severity in a forensic sample. *Aggressive Behavior* 2007;33:86–96.

- In Germany, the criminal records of 1,662 individuals with schizophrenia who had been discharged from psychiatric hospitals were assessed. According the authors: "Significantly higher rates of criminal conviction and recidivism were found for patients with lack of insight at discharge."

  Soyka M, Graz C, Bottlender R et al. Clinical correlates of later violence and criminal offences in schizophrenia. *Schizophrenia Research* 2007;94:89–98.

- In a four-country study in Canada, Germany, Finland, and Sweden, 216 patients with schizophrenia in forensic hospitals were followed for two years after discharge. Those patients with little or no insight had significantly more aggressive behavior compared to those with good insight. However, as predictors of aggressive behavior, the patients' positive symptom score (e.g., delusions and hallucinations) and their level of psychopathy (sociopathy) were better predictors than was their level of insight.

  Lincoln TM, Hodgins S. Is lack of insight associated with physically aggressive behavior among people with schizophrenia living in the community? *Journal of Nervous and Mental Disease* 2008;196:62–66.

Treatment Advocacy Center Backgrounder

Schizophrenia as a brain disease: Studies of individuals who have never been treated

(updated March 2011)

There is a lot of misinformation regarding what is wrong with the brain in schizophrenia. Dr. Thomas Szasz once claimed that nothing is wrong and that schizophrenia is merely a "myth." Dr. Peter Breggin has argued that people with schizophrenia bring the symptoms on themselves because of "cowardice" or "failure of nerve." Dr. Daniel Fisher said that schizophrenia is merely "severe emotional distress and loss of social role" brought on by "trauma." Scientologists even claim that the symptoms of schizophrenia are caused by the drugs that are used to treat it.

> Szasz TS. *Schizophrenia: The Sacred Symbol of Psychiatry* (Syracuse: Syracuse University Press, 1976).
>
> Breggin PR, *The Psychology of Freedom* (Buffalo: Prometheus Books, 1980).
>
> Condon G, quoting Daniel Fisher on WTIC-TV, Hartford, Connecticut, April 6, 2005.

Such statements indicate a profound ignorance about schizophrenia. Research has now clearly demonstrated that schizophrenia is caused by changes in the brain and that these can be measured by changes in both brain structure and brain function. Over 1,000 such research studies have been published. Schizophrenia is thus a disease of the brain in exactly the same sense that Parkinson's disease, multiple sclerosis, epilepsy, and Alzheimer's disease are diseases of the brain.

The same thing can be said about some other severe psychiatric disorders, specifically bipolar disorder (manic-depressive illness), schizoaffective disorder, severe depression, autism, and severe obsessive-compulsive disorder. Research studies indicate that all of these are also diseases of the brain, although far fewer such studies have been done on these disorders than on schizophrenia.

The following sections will briefly review the evidence for schizophrenia as a brain disease. **The only studies included will be studies carried out on individuals with schizophrenia who, at the time of the study, had never received any antipsychotic medication.** Such individuals are often referred to by researchers as being neuroleptic-naïve. Thus, these studies prove that the changes in brain structure and function seen in schizophrenia are clearly caused by the disease process, not by the medications used to treat the disease.

Since 1975, there have been at least 120 such studies. They can be divided into research on structural abnormalities, neurological abnormalities, neuropsychological abnormalities, neurophysiological abnormalities, and cerebral metabolic abnormalities.

1. Structural Abnormalities

The modern era in schizophrenia research can be dated to 1976, with the publication of the first research using the newly developed computerized axial tomography (CT) brain scans, which showed that the brains of individuals with schizophrenia have significantly larger fluid-filled spaces (cerebral ventricles) compared to unaffected controls. The CT scan was the first technology allowing for visualization of brain structures in living patients that could be used to statistically distinguish those with schizophrenia from unaffected controls. Following the introduction of CT scans, magnetic resonance imaging (MRI) scans also became widely available for studying brain structures.

Since 1976, a total of 35 studies of brain structure have been done on individuals with schizophrenia who had never been medicated. All 6 studies that measured the size of the brain ventricles found them to be significantly enlarged. For example, Gur et al. reported a 16 percent increase in ventricular volume in 33 never-treated patients compared to 65 unaffected controls. Similarly, McCreadie et al. reported a 20 percent increase in ventricular volume in 42 patients compared to 31 unaffected controls. In addition to ventricular size, abnormalities in brain structure in never-treated individuals with schizophrenia have been reported for the frontal cortex, temporal cortex, hippocampus, amygdala, cingulate, thalamus, cerebellum, corpus callosum, and septum pellucidum. The only brain area that has been extensively studied and for which the results of different studies have been contradictory is the basal ganglia, especially its caudate subdivision.

Johnstone EC, Crow TJ, Frith CD et al., Cerebral ventricular size and cognitive impairment in chronic schizophrenia, *Lancet* 1976;2:924. This research was carried out at Northwick Park Clinical Research Center in London. Although group differences are statistically significant, there is some overlap in ventricular size between individual patients with schizophrenia and unaffected controls, and so ventricular size cannot be used as a diagnostic marker.

Schulz SC et al., Treatment response and ventricular brain enlargement in young schizophrenic patients, *Psychopharmacol Bull* 1983;19:510–512; Degreef G et al. Increased prevalence of the cavum septum pellucidum in magnetic resonance scans and post-mortem brains of schizophrenic patients, *Psychiatry Res: Neuroimaging* 1992;45:1–13; Lieberman J et al., Qualitative assessment of brain morphology in acute and chronic schizophrenia, *Am J Psychiatry* 1992;149;784–794; Chakos MH et al., Increase in caudate nuclei volumes of first-episode schizophrenic patients taking antipsychotic drugs, *Am J Psychiatry* 1994;151:1430–1436; Gur RE et al., Subcortical MRI volumes in neuroleptic-naïve and treated patients with schizophrenia, *Am J Psychiatry* 1998;155:1711–1717; Keshavan MS et al., Decreased caudate volume in neuroleptic-naïve psychotic patients, *Am J Psychiatry* 1998;155:774–778; Shihabuddin L et al., Dorsal striatal size, shape, and metabolic rate in never-medicated and previously medicated schizophrenics performing a verbal learning task, *Arch Gen Psychiatry* 1998;55:235–243; Corson PW et al., Caudate size in first-episode neuroleptic-naïve schizophrenic patients measured using an artificial neural network, *Biol Psychiatry* 1999;46:712–720; Gur RE et al., Reduced gray matter volume in schizophrenia, *Arch Gen Psychiatry* 1999;56 905–911; Gur RE et al., Reduced dorsal and orbital prefrontal gray matter volumes in schizophrenia, *Arch Gen Psychiatry* 2000;57;761–768; Gur RE et al., Temporolimbic volume reductions in schizophrenia, *Arch Gen Psychiatry* 2000;57:57769–57775; Ettinger U et al., Magnetic resonance imaging of the thalamus in first-episode psychosis, *Am J Psychiatry* 2001;158:116–118; Gilbert AR et al., Thalamic volumes in patients with first-episode schizophrenia, *Am J Psychiatry* 2001;158:618–624; Cahn W et al., Brain morphology in antipsychotic-naïve schizophrenia: a study of multiple brain structures, *Br J Psychiatry* 2002;181(suppl 43):S66–72; Cahn W et al., Brain volume changes in first-episode schizophrenia: a 1-Year follow-up study, *Arch Gen Psychiatry* 2002;59:1002–1010; Gunduz H

et al., Basal ganglia volumes in first-episode schizophrenia and healthy comparison subjects, *Biol Psychiatry* 2002;51:801–808; Joyal CC et al., A volumetric MRI study of the entorhinal cortex in first episode neuroleptic-naïve schizophrenia, *Biol Psychiatry* 2002;51:1005–1007; Karlsson P et al., PET study of D 1 dopamine receptor binding in neuroleptic-naïve patients with schizophrenia, *Am J Psychiatry* 2002;159:761–767; Keshavan MS et al., Abnormalities of the corpus Callosum in first episode, treatment naïve schizophrenia, *J Neurol Neurosurg Psychiatry* 2002;72:757–760; Keshavan MS et al., Cavum septi pellucidi in first-episode patients and young relatives at risk for schizophrenia, *CNS Spectrums* 2002;7:155–158; McCreadie RG et al., Structural brain differences between never-treated patients with schizophrenia, with and without dyskinesia, and normal control subjects: a magnetic imaging study, *Arch Gen Psychiatry* 2002;59:332–336; Tauscher-Wisniewski S et al., Caudate volume changes in first episode psychosis parallel the effects of normal aging: a 5-year follow-up study, *Schizophr Res* 2002;58:185–188; Cherascu G et al., Changes in morphology of the thalamus over time in subjects with neuroleptic naïve schizophrenia: effects of neuroleptic treatment (abstract), *Schizophr Res* 2003;60:191; Haznedar MM et al., Cingulate gyrus gray and white matter volumes in drug naïve schizophrenia patients (poster presentation), annual meeting of the American Psychiatric Association (May 2003); Haznedar MM et al., Hippocampus volume and 3-D metabolic mapping in drug-naïve Schizophrenia patients (poster presentation), annual meeting of the American Psychiatric Association (May 2003); Hietala J et al., Regional brain morphology and duration of illness in never-medicated first-episode patients with schizophrenia (letter), *Schizophr Res* 2003;64:79–81; Joyal CC et al., The amygdala and schizophrenia: a volumetric magnetic resonance imaging study in first-episode neuroleptic-naïve patients, *Biol Psychiatry* 2003;54:1302–1304; Kim JJ et al., Morphology of the lateral superior temporal gyrus in neuroleptic naïve patients with schizophrenia: relationship to symptoms, *Schizophr Res* 2003;60:173–181; Lacerda ALT et al., Orbitofrontal cortex in first-episode schizophrenia: an MRI study (abstract), *Biol Psychiatry* 2003;53:116S; Szeszko PR et al., Smaller anterior hippocampal formation volume in antipsychotic-naïve patients with first-episode schizophrenia, *Am J Psychiatry* 2003;160:2190–2197; Venkatasubramanian G et al., Corticocerebellar alterations in never-treated young age at onset schizophrenia (abstract), *Schizophr Res* 2003;60:211; Konasale M et al., Cerebellum morphometry in first-episode psychotic disorders: regional specificity for psychotic symptoms and cognition (abstract), *Biol Psychiatry* 2004;55:169S; Venkatasubramanian G et al., Longitudinal study of MRI gray matter volume in treatment-naïve schizophrenia: evidence for Cognitive dysmetria (abstract), *Schizophr Res* 2004;67:25; Spinks R et al., Globus pallidus volume Is related to symptom severity in neuroleptic naïve patients with schizophrenia, *Schizophr Res* 2005;2005;73 :229–233; Narr KL et al., Cortical thinning in cingulate and occipital cortices in first episode schizophrenia, *Biol Psychiatry* 2005;58:32–40.

2. Neurological Abnormalities

Since 1976, at least 33 studies have reported significantly more neurological abnormalities in individuals with schizophrenia who had never been treated with antipsychotic medications compared to unaffected controls. The neurological abnormalities include abnormal spontaneous movements called dyskinesias, parkinsonian signs, neurological soft signs, and cerebellar signs.

Dyskinesias are spontaneous movements, usually involving the tongue, facial muscles, or arms. Eleven studies have demonstrated that such movements occur more often among never-treated individuals with schizophrenia than among unaffected controls. For example, Fenton et al. found that 23 percent of never-treated patients exhibited some form of spontaneous dyskinesia. Eight recent studies have also reported that never-treated patients with schizophrenia have neurological abnormalities resembling those seen in Parkinson's disease, including rigidity, tremor, and slowing of movements. Combining the studies, 91 out of 394 (23 percent) never-treated patients showed parkinsonian signs.

Neurological abnormalities called soft signs have also been extensively investigated in individuals with schizophrenia. Soft signs include such things as being unable to identify the type of coin placed in the hand without looking at it. Since 1992, 14 research groups have assessed the presence of neurological soft signs in never-medicated patients with

schizophrenia. Finally, a recent study compared neurological signs of cerebellar dysfunction in 155 never-treated individuals with schizophrenia to 155 matched unaffected controls. Among the patients, 21 percent had signs of cerebellar dysfunction, such as having an abnormal gait, whereas only 5 percent of the unaffected controls had such abnormalities.

Owens DGC, Spontaneous involuntary disorders of movement, *Arch Gen Psychiatry* 1982;39:452–461; Rogers D, The motor disorders of severe psychiatric illness: a conflict of paradigms, *Br J Psychiatry* 1985;147:221–232; McCreadie RG et al., The Scottish First Episode Schizophrenia Study: I. Patient identification and categorisation, *Br J Psychiatry* 1987;150:331–333; Waddington JL, Youssef HA, The lifetime outcome and involuntary movements of schizophrenia never treated with neuroleptic drugs: four rare cases in Ireland, *Br J Psychiatry* 1990;156:106–108; Fenton W et al., Rsk factors for spontaneous dyskinesia in schizophrenia, *Arch Gen Psychiatry* 1994;51:643–650; Chatterjee A et al., Prevalence and clinical correlates of extrapyramidal signs and spontaneous dyskinesia in never-medicated schizophrenic patients, Am J Psychiatry 1995;152;1724–1729; Fenn DS et al., Movements in never-medicated schizophrenics: a preliminary study, *Psychopharmacology* 1996;123:206–210; McCreadie RG et al., Abnormal movements in never-medicated indian patients with schizophrenia, *Br J Psychiatry* 1996;168:221–226; Gervin M et al., Spontaneous abnormal involuntary movements in first-episode schizophrenia and schizophreniform disorder: baseline rate in a group of patients from an Irish catchment area, *Am J Psychiatry* 1998;155:1202–1206; Puri BK et al., Spontaneous dyskinesia in first episode schizophrenia, *J Neurol Neurosurg Psychiatry* 1999;66:76–78; Honer W et al., Are movement disorders a part of the syndrome or consequences of treatment? (abstract), *Schizophr Res* 2002;53:11; Cortese L et al., Relationship of neuromotor disturbances to psychosis symptoms in first-episode neuroleptic-naïve schizophrenia patients, Schizophr Res 2005;75:65–75.

Caligiuri MP et al., Parkinsonism in neuroleptic-naïve schizophrenic patients, Am J Psychiatry 1993;150:1343–1348; Chatterjee A et al., Prevalence and clinical correlates of extrapyramidal signs and spontaneous dyskinesia in never-medicated schizophrenic patients, Am J Psychiatry 1995;152;1724–1729; Kopala LC et al., Risperidone in first-episode schizophrenia: improvement in symptoms and pre-existing extrapyramidal signs, *Int J Psychiatry Clin Prac* 1998;2:S19–S25; Puri BK et al., Spontaneous dyskinesia in first episode schizophrenia, *J Neurol Neurosurg Psychiatry* 1999;66:76–78; Honer WG et al., Extrapyramidal symptoms and signs in first-episode, antipsychotic exposed and non-exposed patients with schizophrenia or related psychotic illness, *J Psychopharmacol* 2005;19:277–285; Cortese L et al., Relationship of neuromotor disturbances to psychosis symptoms in first-episode neuroleptic-naïve schizophrenia patients, Schizophr Res 2005;75:65–75; Chong SA et al., Spontaneous Parkinsonism in antipsychotic-naïve patients with first-episode psychosis, Can J Psychiatry 2005;50:429–431.

Schröder J et al., Neurological soft signs in schizophrenia, *Schizophr Res* 1992;6:25–30; Rubin P et al., Neurological abnormalities in patients with schizophrenia or schizophreniform disorder at first admission to hospital: correlations with computerized tomography and regional cerebral blood flow findings, *Acta Psychiatr Scand* 1994;90:385–390; Sanders RD et al. Neurological examination abnormalities in neuroleptic-naïve patients with first-break schizophrenia: preliminary results, *Am J Psychiatry* 1994;151:1231–1233; Gupta S et al., Neurological soft signs in neuroleptic-naïve and neuroleptic-treated schizophrenic patients and in normal comparison subjects, *Am J Psychiatry* 1995;152:191–196; Flyct L et al., Neurological signs and psychomotor performance in patients with schizophrenia, their relatives and healthy controls, Psychiatry Res. 1999;86:113–129; Browne S et al., Determinants of neurological dysfunction in first episode schizophrenia, *Psychol Med* 2000;30:1433–1441; Krebs M-O et al., Validation and factorial structure of a standardized neurological examination assessing neurological soft signs in schizophrenia, *Schizophr Res* 2000;45:245–260; Krebs M-O et al., Disorganisation syndrome is correlated to sensory neurological soft signs in medicated and neuroleptic naïve schizophrenic patients (abstract), *Schizophr Res* 2002;53:232; Shibre T et al., Neurological soft signs (NSS) in 200 treatment-naïve cases with schizophrenia: a community-based study in a rural setting, *Nord J Psychiatry* 2002;56:425–431; Venkatasubramanian G et al., Neurological soft signs in never-treated schizophrenia, *Acta Psychiatr Scand* 2003;108:144–146; Keshavan MS et al., Diagnostic specificity and neuroanatomical validity of neurological abnormalities in first-episode psychoses, *Am J Psychiatry* 2003;160:1298–1304; Chen EY et al., Motor soft neurological signs in first episode schizophrenia: a two-year longitudinal study (abstract), *Schizophr Res* 2003;60:129; Whitty P

et al., Prospective evaluation of neurological soft signs in first-episode schizophrenia in relation to psychopathology: state *versus* trait phenomena, *Psychol Med* 2003;33:1479–1484; Scheffer RE, Abnormal neurological signs at the onset of asychosis *Schizophr Res* 2004;70:19–26. Studies of neurological soft signs are especially useful in understanding the role of antipsychotic medications in schizophrenia. Studies done on patients with schizophrenia who were on and off medications at the time of testing suggest that the medications either have no effect on the presence of neurological soft signs or decrease such neurological findings. *See* Manschreck TC et al., Disturbed voluntary motor activity in schizophrenic disorder, *Psychol Med* 1982;12:73–84; Kolakowska T et al., Schizophrenia with good and poor outcome. III: Neurological 'soft' signs, cognitive impairment, and their clinical significance, *Br J Psychiatry* 1985;146:348–357; Goldstein G, Sanders RD, The effects of antipsychotic medication on neurological examination abnormalities in schizophrenia (abstract), *Schizophr Res* 2003;60:4.

Ho B-C, Cerebellar dysfunction in neuroleptic naïve schizophrenia patients: clinical, cognitive, and neuroanatomic correlates of cerebellar neurologic signs, *Biol Psychiatry* 2004;55:1146–1153.

3. Neuropsychological Abnormalities

For almost two centuries, it has been observed that individuals with schizophrenia have deficits in some neuropsychological functions, especially memory, attention, and planning (also called executive function). Since 1994, 10 studies have been carried out on patients who had never received antipsychotic medications, confirming these observations. For example, Brickman et al. compared 29 never-medicated adolescents with schizophrenia to 17 matched unaffected controls and reported that the patient group performed significantly worse than the unaffected controls, especially on memory, attention, and executive functioning. In addition to these 10 studies, 3 other research groups studied individuals with first-episode schizophrenia, some of whom had never been medicated and some of whom had been briefly medicated, and reported that the never-medicated patients had significant neuropsychological deficits.

See Brickman AM et al., Neuropsychological functioning in first-break, never-medicated adolescents with psychosis, *J Nerv Ment* 2004;192:615–622. *See also* Saykin AJ et al., Neuropsychological deficits in neuroleptic naïve patients with first-episode schizophrenia, *Arch Gen Psychiatry* 1994;51:124–131; McCreadie RG et al., Poor memory, negative symptoms and abnormal movements in never-treated Indian patients with schizophrenia, *Br J Psychiatry* 1997;171:360–363; Lussier I, Stip E, Memory and attention deficits in drug naïve patients with schizophrenia, 2001;48:45–55; Schuepbach D et al., Selective attention in neuroleptic-naïve first-episode schizophrenia: a two-year follow-up (abstract), *Biol Psychiatry* 2002;51;118S; Kerns JG et al., Context-processing deficits and decreased prefrontal cortex activity: specific associations with unmedicated, first-episode Schizophrenia and with disorganization symptoms (abstract), *Schizophr Res* 2003;60:225; Hill SK et al. Impairment of verbal memory and learning in antipsychotic-naïve patients with first-episode schizophrenia, *Schizophr Res* 2004;68:127–136; Good KP et al., The relationship of neuropsychological test performance with the PANSS in antipsychotic naïve, first-episode psychosis patients, *Schizophr Res* 2004;68:11–19; Krieger S, Executive function and cognitive subprocesses in first-episode, drug-naïve schizophrenia: an analysis of N-back performance, *Am J Psychiatry* 2005;162:1206–1208; Snitz BE et al., Lateral and medial hypofrontality in first-episode schizophrenia: functional activity in a medication-naïve state and effects of short-term atypical antipsychotic treatment, *Am J Psychiatry* 2005;162:2322–2329.

Censits DM et al., Neuropsychological evidence supporting a neurodevelopmental model of schizophrenia: a longitudinal study, *Schizophr Res* 1997;24:289–298; Mohamed S et al., Generalized cognitive deficits in schizophrenia: a study of first-episode patients, *Arch Gen Psychiatry* 1999;56:749–754; Riley EM et al., Neuropsychological functioning in first-episode psychosis—evidence of specific deficits, *Schizophr Res* 2000;42:47–55. There are recent studies that show that antipsychotic medications improve neuropsychological functioning; see, for example, Keefe RS et al., The effects of atypical antipsychotic drugs on neurocognitive impairment in schizophrenia: a review and meta-analysis, *Schizophr Bull* 1999;25:201–222; Meltzer HY, McGurk SR, The effects of clozapine, risperidone, and olanzapine on cognitive

function in schizophrenia, *Schizophr Bull* 1999;25:233–255; Merlo MCG et al., Improvement of cognitive functions in acute first-episode psychosis treated with risperidone (abstract), *Schizophr Res* 2002;53:27.

4. Neurophysiological Abnormalities

Electrical impulses are one method used to communicate between brain cells. As noted previously, electroencephalograms (EEGs) have been used for many years to assess brain function in schizophrenia. Consistent with past studies, two recent studies used EEGs to examine sleep patterns in never-medicated individuals with schizophrenia, and both reported more abnormalities in the patients compared to the unaffected controls.

Another technique commonly used in psychiatric research to measure neurophysiological function is a type of electrical impulse called an evoked potential, elicited by auditory, visual, or sensory input. For example, a startle reflex, measured electrically, may be evoked by a loud sound. Three recent studies of evoked potentials have been carried out on never-medicated individuals with schizophrenia; all three showed significantly more abnormalities in the patients than in unaffected controls. Another measure of neurophysiological brain function is the recently developed transcranial magnetic stimulation (TMS), in which the brain is stimulated using magnets. A study of 21 neuroleptic-naïve individuals with schizophrenia reported them to be significantly different from 21 unaffected controls on some TMS measures. These studies suggest abnormal electrical and magnetic circuits in the brains of individuals with schizophrenia, evidence of neurophysiological dysfunction.

Ganguli R et al., Electroencephalographic sleep in young, never-medicated schizophrenics, *Arch Gen Psychiatry* 1987;44:36–44; Poulin J et al., Sleep architecture and its clinical correlates in first episode and neuroleptic-naïve patients with schizophrenia, *Schizophr Res* 2003;62;147–153.

Mackeprang T et al., Effects of antipsychotics on prepulse inhibition of the startle response in drug-naïve schizophrenic patients, *Biol Psychiatry* 2002;52;863–873; Ludewig K et al., Deficits in prepulse inhibition and habituation in never-medicated, first-episode schizophrenia *Biol Psychiatry* 2003;54:121–128. Another recent study included five patients who had never been medicated and two others who had been off all medication for more than six months. It showed that antipsychotic medication improves neurophysiological function, as measured by the acoustic startle reflex; *see* Weike AI et al., Effective neuroleptic medication removes prepulse inhibition deficits in schizophrenia patients, *Biol Psychiatry* 2000;47:61–70; Valkonen-Korhonen M, Altered auditory processing in acutely psychotic never-medicated first-episode patients, *Brain Res Cogn Brain Res* 2003;17:747–758.

Eichhammer P et al., Cortical excitability in neuroleptic-naïve first-episode schizophrenic patients, *Schizophr Res* 2004;67:253–259.

5. Cerebral Metabolic Abnormalities

The measurement of cerebral metabolic activity is comparatively new and technically complex. Three ways of doing this are by positron emission tomography (PET), single photon emission computed tomography (SPECT), and functional magnetic resonance imaging (fMRI). Since it is known that antipsychotic medications can affect these tests, it is important to use individuals who have not been treated whenever possible.

Since 1991, 21 studies have examined cerebral metabolic abnormalities in individuals with schizophrenia never treated with antipsychotic medications. Representative of these studies is one by Braus et al., in which 12 never-medicated patients with schizophrenia were compared to 11 unaffected controls by functional MRI. According to the researchers: "In

comparison with control subjects, patients showed reduced activation in the right thalamus, the right prefrontal cortex, and the parietal lobe . . . bilaterally." Of the 21 studies reported to date, all except one found more cerebral metabolic abnormalities in the individuals with schizophrenia compared to the controls.

Loeber RT et al., Cerebellar blood volume in bipolar patients correlates with medication, *Biol Psychiatry* 2002;51:370–376.

Braus DF et al., Sensory information processing in neuroleptic-naïve first-episode schizophrenic patients: a functional magnetic resonance imaging study, *Arch Gen Psychiatry* 2002;59:696–701. *See also* Cleghorn M et al., Apomorphine effects on brain metabolism in neuroleptic-naïve schizophrenic patients, Psychiatry Res: Neuroimaging 1991;40:135–153; Buchsbaum MS et al., Frontostriatal disorder of cerebral metabolism in never-medicated schizophrenics, *Arch Gen Psychiatry* 1992;49:935–942; Shihabuddin L et al., Dorsal striatal size, shape, and metabolic rate in never-medicated and previously medicated schizophrenics performing a verbal learning task, *Arch Gen Psychiatry* 1998;55:235–243; Laruelle M et al., Increased dopamine transmission in schizophrenia: relationship to illness phases, *Biol Psychiatry* 1999;46:56–72; Barch DM et al., Selective deficits in prefrontal cortex function in medication-naïve patients with schizophrenia, *Arch Gen Psychiatry* 2001;58:280–288; Clark C et al., Regional cerebral glucose metabolism in never-medicated patients with schizophrenia, *Can J Psychiatry* 2001;46;340–345; Brewer WJ et al., Functional neuroimaging follow-up of stroop performance in neuroleptic-naïve first-episode psychosis (abstract), *Schizophr Res* 2002;53(suppl):109; Karlsson P et al., PET study of d 1 dopamine receptor binding in neuroleptic-naïve patients with schizophrenia, *Am J Psychiatry* 2002;159:761–767; Tauscher J et al., Brain serotonin 5-HT 1A receptor binding in schizophrenia measured by positron emission tomography and (11C)WAY-100635, *Arch Gen Psychiatry* 2002;59:514–520; Carter CS et al., Prospective longitudinal fmri study of prefrontal cortex based context processing in never medicated first-episode schizophrenia (abstract), *Schizophr Res* 2003;60:214; Théberge Jean et al., Glutamate and glutamine measured with 4.0 T Proton MRS in never-treated patients with schizophrenia and healthy volunteers, *Am J Psychiatry* 2002;159;1944–1946; Tuppurainen H et al., Extrastriatal dopamine D 2/3 receptor density and distribution in drug-naïve schizophrenic patients, *Mol Psychiatry* 2003;8:453–455; Stanley JA et al., Age and comorbidity effects in first-episode never-medicated schizophrenia subjects: an in vivo 1H spectroscopy study (abstract), *Biol Psychiatry* 2003;53:178S; Jayakumar PN et al., Membrane phospholipid abnormalities of basal ganglia in never-treated schizophrenia: a 31P magnetic resonance spectroscopy study, *Biol Psychiatry* 2003;54:491–494; Fannon D et al., Selective deficit of hippocampal N-acetylaspartate in antipsychotic-naïve patients with schizophrenia, *Biol Psychiatry* 2003;54:587–598; Hsiao M-C et al., Dopamine transporter change in drug-naïve schizophrenia: an imaging study with 99mTc-TRODAT-1, *Schizophr Res* 2003;65:39–46; Gangadhar BN et al., Basal ganglia high-energy phosphate metabolism in neuroleptic-naïve patients with schizophrenia: a 31-phosphorus magnetic resonance spectroscopic study, *Am J Psychiatry* 2004;161:1304–1306; Lehrer DS et al., Thalamic and prefrontal fdg uptake in never medicated patients with schizophrenia *Am J Psychiatry* 2005;162:931–938; Talvik M et al., Decreased thalamic D 2/D 3 receptor binding in drug-naïve patients with schizophrenia: a PET study with [11C]FLB 457, *Int J Neuropsychopharmacol* 2003;6:361–370; Fagerlund B et al., global and stable deficits of verbal memory in drug-naïve, first-episode schizophrenia: lack of efficacy of antipsychotics (abstract), *Nord J Psychiatry* 2005;59:410.

It should also be emphasized that none of the cerebral abnormalities cited above are specific to schizophrenia. All of them can be found in some other brain diseases and occasionally in normal individuals, although they occur statistically more frequently in individuals with schizophrenia. Thus, the brain abnormalities found in schizophrenia are similar to the tremor seen in many patients with Parkinson's disease. Tremor may also be found in other brain diseases; it occurs in some normal individuals [benign intention tremor], but it occurs statistically much more frequently in Parkinson's disease.

Treatment Advocacy Center Backgrounder

The Anatomical Basis of Anosognosia (Lack of Awareness of Illness)

(updated September 2012)

SUMMARY: Anosognosia, or lack of awareness of illness, is a common symptom of schizophrenia and bipolar disorder with psychotic features. It is one of the most common reasons why individuals with these disorders often refuse to take medication.

To date, 18 studies have been done looking at the relationship between anosognosia and the anatomical structure of the brain; 15 of the studies reported statistically significant correlations and three studies did not. The three negative studies focused on global brain measures, such as total brain or total ventricular volume. The 15 positive studies included many that focused on more specific brain structures. Two of the positive studies were of individuals with first-episode psychosis and included individuals who had never been treated with antipsychotic medications, thus ruling out medications as a cause of the observed brain changes.

Regarding localization, it is now clear that anosognosia is not caused by damage to one specific area. Rather a person's awareness of illness involves a brain network that includes the prefrontal cortex, cingulate, superior and inferior parietal areas, and temporal cortex and the connections between these areas. Damage to any combination of these areas can produce anosognosia, but damage to the prefrontal and parietal areas together make anosognosia especially likely.

Anosognosia, or lack of awareness of illness, thus has an anatomical basis and is caused by damage to the brain by the disease process. It thus should not be confused with denial, a psychological mechanism we all use.

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INTRODUCTION: Anosognosia has been described by neurologists for over a century. Classically, it occurs in a patient who has had a stroke in the right parietal lobe of the brain, producing left hemiplegia. *The individual so affected may deny that anything is wrong despite being paralyzed on the left side.* This is not simple denial, a subconscious psychological

mechanism we all use occasionally. This is anatomical damage to the part of the brain we use to think about ourselves. Thus denial is psychological, whereas anosognosia is anatomical.

Anosognosia is very difficult to imagine or understand. Oliver Sacks, in *The Man Who Mistook His Wife for a Hat* (p.5), explained anosognosia as follows:

> It is not only difficult, it is impossible for patients with certain right-hemisphere syndromes to know their own problems – a peculiar and specific 'anosognosia,' as Babinski called it. And it is singularly difficult, for even the most sensitive observer, to picture the inner state, the 'situation' of such patients, for this is almost unimaginably remote from anything he himself has ever known.

The anatomical basis of anosognosia in stroke patients has been well described. According to a summary of the studies, anosognosia "seems to be equally frequent when the damage is continued to frontal, parietal or temporal cortical structures...[but] is highest when the lesions involve parietal *and* frontal structures in combination" (Pia L, et al. The anatomy of anosognosia for hemiplegia: A meta-analysis. Cortex. 2004;40:367-377).

ANOSOGNOSIA IN SCHIZOPHRENIA

Attention to the problem of anosognosia in schizophrenia is relatively new, dating to the work of Drs. Xavier Amador and Anthony David in the 1990s. Clinicians had long been aware that some patients were unaware of their symptoms and illness, but the similarity of this condition to the anosognosia seen in some stroke patients had not been widely noted. Indeed, being unaware of one's illness has been known to be a cardinal symptom of psychosis. As early as 1604, playwright Thomas Dekker had a character in his play, "The Honest Whore," proclaim: "That proves you mad because you know it not."

In the last decade, there has been an outpouring of studies of anosognosia in individuals with psychosis in general and with schizophrenia in particular. Some studies have examined the relationship between anosognosia and various brain functions (for a review see Shad MU, et al. Insight and frontal cortical function in schizophrenia: A review. *Schizophrenia Research* 2006;86:54-70). Other studies have examined the relationship between anosognosia and brain anatomy in individuals with schizophrenia. This paper will summarize these studies.

There have been at least 18 such studies, beginning with the most recently published.

- **Awareness of illness is associated with the function of midline brain structures.**

In Finland, 21 patients with schizophrenia and 17 normal controls underwent both structural magnetic resonance imaging (MRI) and functional MRI, during which time they were asked to answer specific questions about insight, e.g., "If someone said I had a mental illness they would be right." Insight was associated with activation of brain midline structure, specifically posterior cingulate, medial prefrontal cortex, and frontal pole, brain areas known to be associated with

self-awareness. The authors acknowledged that "the present findings…cover only a portion of the neuronal circuitries involved in the processing of insight."

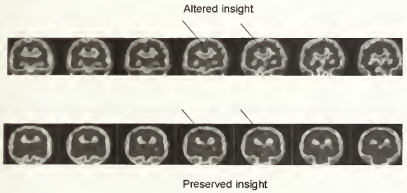
> Raij TT, Riekki TJ, Hari R. Association of poor insight in schizophrenia with structure and function of cortical midline structures and frontopolar cortex. Schizophr Res. 2012 Aug;139(1-3):27-32. Epub 2012 Jun 2.

- **Anosognosia is associated with impaired cerebral blood flow in the superior parietal area (precuneus).**

In France, 31 patients with paranoid schizophrenia and 18 normal controls were assessed for cerebral blood flow by single photon emission computed tomography. Twenty-one patients had good awareness of their illness; 10 did not. Those with poor awareness of their illness showed poor cerebral blood flow to their precuneus bilaterally ($p<0.001$). There were no differences in the frontal lobes. The precuneus is part of the superior parietal lobe and known to be involved in self-consciousness, including awareness of one's own emotional state.

> Faget-Agius C, Boyer L, Padovani R, Richieri R, Mundler O, Lançon C, Guedj E. Schizophrenia with preserved insight is associated with increased perfusion of the precuneus. J Psychiatry Neurosci. 2012 Apr 3;37(3):110125. doi: 10.1503/cjs.110125. [Epub ahead of print]

These pictures show differences in blood flow to the superior parietal area (precuneus) in individuals with schizophrenia with preserved awareness of illness (left) and impaired awareness of illness or anosognosia (right).



Pictures courtesy of Dr. Eric Guedj and colleagues, Hospital de la Timone, Marseille, France.

- **Anosognosia is associated with widespread impairments in white matter.**

At New York University, 36 individuals with schizophrenia and schizoaffective disorder underwent diffusion tensor imaging (DTI), which assesses brain white matter integrity. Those with poorer awareness of their illness were significantly more likely to have impaired white matter function in the frontal lobe (e.g., left middle and right superior frontal gyri); temporal lobe (e.g., bilateral parahippocampal gyri); cingulate; thalamus; and basal ganglia (caudate and lentiform nucleous).

> Antonius D, Prudent V, Rebani Y, D'Angelo D, Ardekani BA, Malaspina D, Hoptman MJ. White matter integrity and lack of insight in schizophrenia and schizoaffective disorder. Schizophr Res. 2011 May;128(1-3):76-82. Epub 2011 Mar 22.

- **Anosognosia is associated with decreased cortical thickness.**

In Montreal, 79 individuals with first-episode psychosis were assessed clinically and by magnetic resonance imaging (MRI). Poorer awareness of illness was significantly associated with having a thinner brain cortical layer in the left middle frontal gyrus, left inferior frontal gyrus, left inferior temporal gyrus, left and right precentral gyrus, and right occipital gyrus. Impaired awareness of need for treatment was significantly associated with a thinner brain cortical layer in the left middle and medial frontal gyri; parietal precuneus and supramarginal gyrus; temporal parahippocampus and superior, middle and inferior gyri; and middle occipital gyrus. The authors concluded that "insight involves a network of brain structures, and not only the frontal lobes as previously suggested."

> Buchy L, Ad-Dab'bagh Y, Malla A, Lepage C, Bodnar M, Joober R, Sergerie K, Evans A, Lepage M. Cortical thickness is associated with poor insight in first-episode psychosis. J Psychiatr Res. 2011 Jun;45(6):781-7. Epub 2010 Nov 19.

- **Anosognosia is associated with impairments in midline brain structures (posterior cingulate and precuneus).**

In England, 82 individuals with first episode psychosis and 91 normal controls were assessed on neuropsychological tests and by magnetic resonance imaging (MRI). Twenty of the individuals with first-episode psychosis "had no capacity to identify psychotic symptoms as pathological." Compared with the other 62 individuals, those 20 had "significantly reduced global gray matter volume," most marked in the left posterior cingulate cortex, the right precuneus, and the cuneus.

> Morgan KD, Dazzan P, Morgan C, Lappin J, Hutchinson G, Suckling J, Fearon P, Jones PB, Leff J, Murray RM, David AS. Insight, grey matter and cognitive function in first-onset psychosis. Br J Psychiatry. 2010 Aug;197(2):141-8.

- **Anosognosia is associated with impairments of temporal and parietal areas.**

In England, 52 individuals with schizophrenia or schizoaffective disorder and 30 normal controls were assessed for awareness of symptoms and underwent magnetic resonance imaging (MRI).

Those with poorer awareness of their symptoms had decreased gray matter volume in their left superior, left middle, and right inferior temporal gyri, as well as the right inferior parietal lobule and right supramarginal gyrus (all $p<0.001$).

> Cooke MA, Fannon D, Kuipers E, Peters E, Williams SC, Kumari V. Neurological basis of poor insight in psychosis: a voxel-based MRI study. Schizophr Res. 2008 Aug;103(1-3):40-51. Epub 2008 Jun 9.

- **Anosognosia is associated with decreased gray matter volume of the prefrontal cortex.**

In England, 28 outpatients with stable schizophrenia were assessed for insight and underwent magnetic resonance imaging (MRI). Lower levels of insight were moderately associated with decreased volume of the prefrontal gray matter, especially the inferior frontal gyrus.

> Sapara A, Cooke M, Fannon D, Francis A, Buchanan RW, Anilkumar AP, Barkataki I, Aasen I, Kuipers E, Kumari V. Prefrontal cortex and insight in schizophrenia: a volumetric MRI study. Schizophr Res. 2007 Jan;89(1-3):22-34. Epub 2006 Nov 13.

- **No association is found between anosognosia and regional brain volumes.**

In Italy, 50 patients with schizophrenia and 30 normal controls were assessed for awareness of illness and by magnetic resonance imaging (MRI). No relationship was found between awareness of illness and the gray and white matter volumes in the frontal or temporal cortex.

> Bassitt DP, Neto MR, de Castro CC, Busatto GF. Insight and regional brain volumes in schizophrenia. Eur Arch Psychiatry Clin Neurosci. 2007 Feb;257(1):58-62.

- **Anosognosia is associated with decreased activation of the left medial prefrontal cortex.**

In England, 14 individuals with schizophrenia were subjected to functional magnetic resonance imaging (fMRI) both during an acute schizophrenia episode and again after they had been stabilized. During their fMRI, they were asked to do tasks that measured social functioning and awareness of illness. Their left medial prefrontal cortex showed improved activation when they were stabilized, and this correlated with improvement in insight scores ($r=0.81$, $p<0.001$).

> Lee KH, Brown WH, Egleston PN, Green RD, Farrow TF, Hunter MD, Parks RW, Wilkinson ID, Spence SA, Woodruff PW. A functional magnetic resonance imaging study of social cognition in schizophrenia during an acute episode and after recovery. Am J Psychiatry. 2006 Nov;163(11):1926-33.

- **Anosognosia is associated with decreased volume of right dorsolateral prefrontal cortex and right orbitofrontal cortex.**

At the University of Texas Southwestern, 14 patients with schizophrenia and 21 normal controls were assessed for awareness of illness and symptoms and by magnetic resonance imaging

(MRI). Patients with poorer awareness of their illness and symptoms also had significantly smaller right dorsolateral prefrontal cortex (r= -0.72, p= 0.04).

> Shad MU, Muddasani S, Keshavan MS. Prefrontal subregions and dimensions of insight in first-episode schizophrenia--a pilot study. Psychiatry Res. 2006 Jan 30;146(1):35-42. Epub 2005 Dec 19.

- **Anosognosia is associated with reduced gray matter in the cingulate and inferior temporal regions**

In South Korea, 35 patients with paranoid schizophrenia and 35 matched normal controls underwent clinical testing and magnetic resonance imaging (MRI). Those with greater "lack of judgment and insight" had reduced gray matter in their right anterior cingulate, left posterior cingulate, and inferior temporal region on both sides.

> Ha TH, Youn T, Ha KS, Rho KS, Lee JM, Kim IY, Kim SI, Kwon JS. Gray matter abnormalities in paranoid schizophrenia and their clinical correlations. Psychiatry Res. 2004 Dec 30;132(3):251-60.

- **Anosognosia is associated with decreased volume of the right dorsolateral prefrontal cortex.**

At the University of Pittsburgh, 35 individuals with first episode schizophrenia, who had never been treated with any antipsychotic drugs, were assessed clinically, neuropsychologically, and by magnetic resonance imaging (MRI) of the frontal lobes and hippocampus. Eighteen patients had poor awareness of their illness, and 17 had good awareness of their illness. Those with poor awareness had decreased volumes of their right dorsolateral prefrontal cortex (DLPFC) (r= -61, p = 0.008). Unawareness of illness was not associated with hippocampal volume nor with duration of illness or other clinical symptoms.

> Shad MU, Muddasani S, Prasad K, Sweeney JA, Keshavan MS. Insight and prefrontal cortex in first-episode Schizophrenia. Neuroimage. 2004 Jul;22(3):1315-20.

- **Anosognosia is not correlated with global brain measures.**

In England, 78 men with schizophrenia and 36 normal controls were assessed for awareness of illness and underwent magnetic resonance imaging (MRI). There were "no significant correlations between total insight score and grey, white, CSF, and total brain volume." The authors concluded that such research was not likely to be useful for such "global brain measures" and that "future investigations should pay attention to more specific cortical regions."

> Rossell SL, Coakes J, Shapleske J, Woodruff PW, David AS. Insight: its relationship with cognitive function, brain volume and symptoms in schizophrenia. Psychol Med. 2003 Jan;33(1):111-9.

- **Anosognosia is associated with specific subregions of the frontal lobes.**

At Dartmouth Medical School,15 individuals with schizophrenia and schizoaffective disorder were assessed for awareness of illness and frontal brain structures by magnetic resonance imaging (MRI). Those with less awareness of their illness had significantly smaller bilateral middle frontal gyrus volume ($r = -0.92$ and -0.72, $p<0.01$). There was also a trend for these individuals to have a smaller right gyrus rectus and left anterior cingulate gyrus. The authors concluded that "the strong correlations between bilateral middle frontal gyri and unawareness suggest involvement of dorsolateral prefrontal cortex," an area that has been associated with schizophrenia in many neuropsychological and neuropathological studies.

> Flashman LA, McAllister TW, Johnson SC, Rick JH, Green RL, Saykin AJ. Specific frontal lobe subregions correlated with unawareness of illness in schizophrenia: a preliminary study. J Neuropsychiatry Clin Neurosci. 2001 Spring;13(2):255-7.

- **Anosognosia is associated with atrophy of the frontal lobes.**

In Norway, 21 individuals with schizophrenia and 21 matched normal controls were assessed by computerized tomography (CT) scans. Seven of the 21 individuals with schizophrenia had mild or moderate atrophy of their frontal lobes, and this atrophy correlated with having poorer awareness of their illness ($r = -0.52$, $p<0.05$). Poorer awareness of illness also correlated with poorer executive function, a frontal lobe-associated trait, but not with other neuropsychological measures. The authors concluded that "unawareness of illness in schizophrenia may be related to frontal lobe deficit."

> Larøi F, Fannemel M, Rønneberg U, Flekkøy K, Opjordsmoen S, Dullerud R, Haakonsen M. Unawareness of illness in chronic schizophrenia and its relationship to structural brain measures and neuropsychological tests. Psychiatry Res. 2000 Nov 20;100(1):49-58.

- **Anosognosia is associated with having a smaller brain size.**

At Dartmouth Medical School, 18 individuals with schizophrenia with a poor awareness of their illness were compared on magnetic resonance imaging (MRI) with 12 individuals with schizophrenia with a good awareness of their illness and 13 healthy controls. There were no differences between the schizophrenia groups on education, symptoms, or severity of illness. However, those with poor awareness of their illness had significantly smaller brains and decreased intracranial volumes, findings consistent with having had a greater loss of brain tissue (atrophy) associated with their schizophrenia.

> Flashman LA, McAllister TW, Andreasen NC, Saykin AJ. Smaller brain size associated with unawareness of illness in patients with schizophrenia. Am J Psychiatry. 2000 Jul;157(7):1167-9.

- **Anosognosia does not correlate with total ventricular volume.**

In England, 128 individuals with recent-onset psychosis were assessed for awareness of illness and underwent a computerized tomography (CT) scan. No correlation was found between awareness of illness and total ventricular volume.

> David A, van Os J, Jones P, Harvey I, Foerster A, Fahy T. Insight and psychotic illness. Cross-sectional and longitudinal associations. Br J Psychiatry. 1995 Nov;167(5):621-8.

- **Anosognosia correlates with enlarged brain ventricles.**

In Japan, 22 patients with chronic schizophrenia were assessed for awareness of illness and underwent magnetic resonance imaging (MRI). Those patients with impaired awareness of illness had significant ventricular enlargement ($p<0.05$).

> Takal A, Uematsu M, Ueki H, Sone K, Kalya H. Insight and its related factors in chronic schizophrenic patients: a preliminary study. Eur J Psychiat. 1992;6:159-170.

SAN FRANCISCO MENTAL HEALTH BOARD

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Mental Health Board Annual Retreat

Saturday, December 1, 2012
AgeSong
Rooftop Garden
624 Laguna Street, S.F., CA
8:30 a.m - 4:00 p.m.

AGENDA

1.0 Getting to Know You Icebreaker
1.1 Public Comment

2.0 Mental Health Director's Report
2.1 Public Comment

3.0 Issues and priorities for San Francisco mental health
3.1 Public Comment

Break for Lunch 12:00 - 12:30 pm

4.0 Review of 2012
4.1 Public Comment

5.0 Review of Mental Health Board Responsibilities
5.1 Public Comment

6.0 Media and Communications Committee Report
6.1 Public Comment

7.0 Develop priorities for 2013
7.1 Public Comment

Adjourn

No votes will be taken on any items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on January 9, 2013. For further information, please call the office at 415-255-3474.

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3. AgeSong is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room is wheelchair accessible.

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Mental Health Board Annual Retreat

Saturday, December 1, 2012
AgeSong -- Rooftop Garden
624 Laguna Street San Francisco, CA
8:30 a.m. – 4:00 p.m.

1.0 Getting to Know You Icebreaker

The Icebreaker was integrated into the priority activities later in the day.

1.1 Public Comment

No public comment.

2.0 Mental Health Director's Report

Ms. Arguelles introduced Michelle Magee from the Harder Company who generously volunteered her time to facilitate the retreat.

Ms. Robinson highlighted the past year's accomplishments, work-in-progress initiatives and CBHS's goals for 2013.

She passed out demographic data showing clients served by CBHS. The department has been working on improving and expanding the Wellness and Recovery Model. The OMI Clinic and Citywide are working with the California Institute of Mental Health to develop a learning collaborative about the model.

CBHS is focusing on change and assessment. If it hasn't worked, then how to change it. They started with asking staff and clients about their belief in recovery. Strength based treatment focuses on asking what is going well in their lives that can be built on. She feels we are seeing some progress. The OMI Clinic created a Tree of Hope - clients put their strengths on the leaves. In the next few months the Sunset Clinic will be added. The department is also training psychiatrists on the Wellness and Recovery Model.

140 staff from outpatient clinics attended the day-long Wellness and Recovery Training at the Village in Long Beach California. CBHS has been providing Advanced Recovery Training for full-service-partnership programs and doctors.

The system is increasing Medi-Cal revenues. Housing Urban Health (HUH) clinic, Curry Senior Center, Asian American Recovery System (AARS), and San Francisco AIDS Foundation

(SFAF) are some of the Medi-Cal certified programs. More programs are becoming Medi-Cal certified through staff training in Medi-Cal charting and documentations.

Incarcerated people with schizophrenia in San Francisco jails are being processed for the SSI (Social Security Supplemental Income) presumptive initiative. Also the implementation of the 12N training will begin in 2013 for staff working with youth and Transgender 102 is for clinicians working with gender identity affirmation.

Mental health clients are very sensitive and protective of their privacy because of ongoing stigmatization and discrimination. CBHS is collaborating with the 40-member API (Asian Pacific Islander) Health Parity Coalition to address stigma and six dominant languages in API communities. Last year, CBHS developed RSSE (Reducing Stigma in the Southeast) to address mental health issues in African American descent communities.

She talked about trauma-informed care to address how trauma and lived experience affect someone's current life situation. She said healthcare providers should be aware of how to do trauma-informed care that is culturally competent to benefit people in recovery. CBHS is working on mapping out how to do trauma informed care from the receptionist to the psychiatrist, and stigma reduction in the Southeast Sector.

She highlighted the Educationally Related Mental Health Services (ERMHS) that are provided by CBHS to the San Francisco Unified School District and the Medi-Cal Mental Health Plan.

The successful Transgender trainings provided to staff this past year will go online. A vocational services coordinator was hired and a Peer-Led Hoarding and Cluttering group was started.

She also highlighted that the Client Satisfaction survey showed an overall high score for CBHS's mental health and substance abuse programs and services.

Moving toward 2013, Ms. Robinson talked about California readiness for health care reform, also known as Obama Care. The State will develop and submit to the Centers for Medicare and Medicaid Services (CMS) a behavioral health needs assessment and services plan for the 2014 Medicaid expansion from necessary infrastructure, to concurrent implementation strategies for financing, enrollment, quality oversight and monitoring, access and workforce development.

She mentioned that it's expected that in 2013 the Katie A plan will be mandated by the State of California. San Francisco Unified School District and CBHS are collaborating to provide mental health services to students including advancing Wellness and Recovery practices.

She asked that for the 2013 December board retreat, she would like to know by November 2013 what data the board would like her to report. In January 2013, she would like to share the Tree of Hope visual presentation at the board meeting. She encouraged the board to extend an invitation to Ken Epstein to come and talk about the Children's System of Care. She also encouraged the board to show the 12N LGBTQ video created by BAYCAT. The board might also look at the impact of health care reform on mental health.

She wrapped up her report with asking the board to consider becoming a Behavioral Health Advisory Board, since mental health and substance abuse are integrated in the Department of Public Health.

2.1 Public Comment

No public comment.

3.0 Issues and priorities for San Francisco mental health

GENERAL SUGGESTIONS FOR ISSUES AND PRIORITIES

- Geriatric services, outreach as a priority, outreach services for house bound seniors; social isolationism is a form of ostracism
- Housing integration rather than segregation for the population with mental health needs
- Mental health in criminal justice, drug court, women's issues, array of comprehensive services for in & out
- Proactive MHB
  1. More visible
  2. Combining program reviews with resolutions 3. Informing the public about alignment and health care reform.
  3. Increasing the number of resolutions to at least four
  4. Visibility at supervisor's meetings.
- Families and children of families or caregivers who have mental health issues
- Advocacy for folks living with mental illness
- Taking cues from Jo Robinson, CBHS director, monthly report to align the board interests with director's monthly report
- Accuracy of diagnoses
- Housing – advocate for more mixed housing rather than segregation of mentally ill in housing.
- Follow through on trauma, PTSD including focus on Juveniles
  1. Community violence
  2. Coordinated services
  3. Public awareness
  4. Promote recommendations from the Trauma summit, ex.: resolution supporting and follow through to implement it
- Improve board function
  1. Replace vacant seats
  2. More diversity
  3. Board of Supervisor member
  4. Train board members
  5. How do we deal/respond to requests?
  6. Reaching out and developing relationships with members of the Board of Supervisors
  7. More outreach and connections to other organizations
- Program Reviews
  1. Increase the number of site visits
  2. Improve expertise and format of site visits
  3. Budget/documents

CALENDAR DISCUSSION FOR 2013

- Mental Health Board name change to Behavioral Health Board
- Understanding the emerging issue of integrative mental health and substance abuse
- Mental health in criminal justice: BHC (Behavioral Health Court), women's re-entry program, realignment, drug court, CJC (Community Justice Court)

3.1 Public Comment

No public comment

4.0 Review of 2012

Discussion of this item was tabled. Board members referred to handout listing presentations in their packets.

4.1 Public Comment

No public comment.

5.0 Review of Mental Health Board Responsibilities

Discussion of this item was tabled. Board members referred to handout listing state mandated responsibilities in their packets.

5.1 Public Comment

No public comment.

6.0 Media and Communications Committee Report

This report was postponed to the January 2013 meeting.

6.1 Public Comment

No public comment.

7.0 Develop priorities for 2013

A general priority for 2013 is to strengthen the MHB by its advocacy and leadership on key issues. The board decided to change its approach to focus on a few big issues and develop an Advocacy Model Action Plan to explore the issues in depth over several months rather than the past practice of different presentations each month.

- What does the board need to know? Information gathering and education of community:
- How does the board find out what is going on? Program reviews or site visits
- What can the board do? Resolutions/summits/forums
- Creating a thematic calendar

ADVOCACY MODEL ACTION PLAN

Activity	Who	When/How
Create a presence with and at Board of Supervisor's (BOS) meetings		Attend one Tuesday meeting per month

Creating a 3 person team who would be strategic during public comment time		
DPH Health Commission		Present at one of its meetings
Write up fact sheet or talking points for meeting with supervisors		February 2013
Recommend unsung hero/heroine	Outreach comm.	Bring to Executive Committee meeting
Organize expanded/forum with town hall approach	MHB	March 2013, May 2013 and November 2013 forums

Priority #1: Trauma and Community Violence, PTSD, Juveniles and Adults system of services.
Follow up on the November 2012 Trauma Summit.

Activity	Who	When/How
Board members review and adopt the Trauma Summit report at the February 2013 meeting	Argüelles, Miller, & Patterson	February 2013
Hearing/presentation from family members about how violence affects them. CBHS funded programs should be invited to board meeting		March 2013
Hearing/presentation from providers about how violence affect them		April 2013
Request CBHS list of programs that serve District 10 and do site visits		January - May 2013
Recognize a mental health unsung hero/heroine for championing mental health		May 2013

Priority #2: Mental Health and Senior Services
Ms. James and Mr. Vinh will develop an Advocacy Model for this priority.

7.1 Public Comment

No public comment.

Adjournment

The retreat adjourned at 3:00 PM.